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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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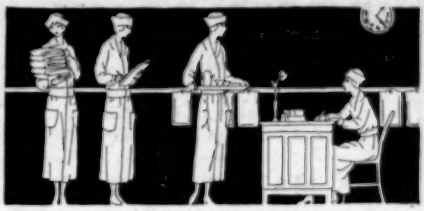

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Direct Transfusion for Acute Phthisis following the Puerperium

By ARTHUR J. PRENTICE, M.B., Toronto.

Read at the Academy of Medicine, Toronto, November, 1923.

A case of acute phthisis following the puerperium in a woman aged twenty-one years, whose babe was born August 1st, 1923, came under my observation September 1st, one month after labor. The temperature chart showed the typical rise and fall of the acute septic tuberculous type of infection, with a maximum rise of 104° F. in the evening and a minimum of 97° F. in the morning. The fall in temperature was associated with a profuse night sweat. The sputum was abundant (about 40 gms. per diem) and was positive for tubercle bacilli. The course of the disease remained unabated for over eight weeks, when, on November 2nd, it was decided to give her a transfusion of blood, if possible, from the father.

The father was a healthy man, sixty-three years of age, who had lived in close association with his tuberculous family for years. One son died of pulmonary tuberculosis in 1918. The natural immunity against this particular type of infection was expected to have a certain therapeutic value in arresting the progress of the disease. The scientific research work of Sir Almroth Wright, proving that phagocytes, when trained, would ingest more bacilli than when untrained; the side chain theory of Ehrlich's that the antibodies of an immunized blood acted chemically against toxins and organisms; the theary of Metchnikoff that phagocytes were the true scavengers—this, taken into consideration, was a deciding factor in giving this patient her father's blood.

The father's blood was tested and found to be in group three, the same as his daughter's, and it was decided to give it by direct method—individual syringe 20 cc. to be used. As citrated blood has less therapeutic value and is more liable to give undesirable reactions, whole blood, unchanged, was considered better in this case.

The patient was admitted to the Women's College Hospital, Toronto, on November 1st. Next morning at 8.30 o'clock, after a profuse night sweat, when the body fluids were low, 500 cc. of the father's blood was transfused. The transfusion occasioned no distress or untoward symptoms. The patient said she felt fine after being put back to bed. That evening the temperature was 99.1° F. On the third evening the temperature was normal, night sweats had ceased, there was very little cough and no sputum.

It is now eight weeks since her transfusion, and since her crisis there has been a marked gain in weight and no return of symptoms.

X-ray examinations of the chest and X-ray plates revealed the amount of damage that had been done to the lung tissue during the eight weeks of progress. A cavity, oblong in character, had formed in the central part of the middle lobe of the right lung, and a smaller cavity in the lower lobe of the same lung. The left lung is apparently normal. The apices are clear. It is not too much to expect that these comparatively small cavities will heal by scar tissue with the aid of an artificial pneumothorax, and that a complete recovery will follow.

Comment

1. Women suffering from acute phthisis following the puerperium might be saved the havoc of cavity formation if given an early transfusion of highly immunized blood.

2. A crisis similar to the crisis in pneumonia was brought about as soon as the transfusion was given. The usual therapeutic measures, after eight weeks' trial, failed to have any effect upon the progress of the disease.

3. Transfusions for this purpose should be given by the direct method, since citrated blood has been given without satisfactory results.

4. Late cases of generalized tuberculosis could scarcely be expected to respond to this form of treatment, for evident reasons.

5. Where one has reason to suspect a bacteriaemia, as in acute miliary T.B. or in meningitis, the same syringe should never be used twice, for fear of infecting the donor. A very careful aseptic technique must be maintained.

CONCLUSION

From the results in this case, one has reason to believe that transfusion of immunized blood by the direct method might be considered a valuable therapeutic aid in the treatment of acute phthisis.

In cases of associated haemoptysis one must be guarded, as experience in the use of this treatment does not justify a decision. Whether or not the increase in coagulation time of the recipient's blood would tend to offset the rise in blood pressure is open to doubt.

Further investigation seems essential before offering an opinion.

The Keeping of Records in Our Organizations

An organization of nurses requires much the same means for the keeping of records as are required by other organizations.

Records are kept for the purpose of accurately reporting the minutes of all meetings and business of an association, and are valuable for reference purposes.

It is very necessary for a member who has accepted the office as secretary of an organization to become well informed of the duties of that office, and how to perform those duties. The secretary should be able to seek and obtain advice and direction from the president, who should possess a thorough knowledge of how to assist the executive officers associated with her.

Before accurate records can be made, it is necessary for all members to understand the need of all meetings being conducted according to proper procedure. An organization in which all motions, resolutions, reports of committees, etc., are presented in writing will prove of valuable assistance to the secretary.

It is advisable to have the minutes of a meeting written in full immediately after the close of a meeting, so that all notes will be made while the proceedings can be recalled readily. The discussion on any important subject should be noted to show the points emphasized for and against the subject. Also it is advisable to have the reports of all meetings typed, especially those of annual meetings, and kept in a loose-leaf record book. A marginal space should be allowed on each page, with the marginal headings written or typed in red letters. The pages should be

numbered, and only one side of the page written on. An index may be prepared and inserted as the last pages of the book. Here any important proceedings are entered according to the marginal headings in the minutes, with the number of the page where written. The names of members mentioned should be written in full rather than giving the surname only.

The filing of correspondence, reports and other papers of value is important, so that these will be properly classified and in easily accessible arrangement.

For the majority of our associations the system of filing known as the Shannon System is recommended. All papers are filed flat, and are indexed with alphabetical tabs according to name or subject. When filing by name use the surname, and when by subject do not make use of the article "a" or "the" which sometimes precedes the first word of the subject. When correspondence is extensive it would be well to have a separate file for letters and a second for other records. In filing correspondence, place the name of the writer and the date of arrival on the upper right-hand corner of the first page. In the upper left-hand corner of the same page place the date on which the correspondence has been presented to the executive and general meetings. Date all other papers in the same way. Copies of all correspondence, etc., sent out by the secretary should be made on colored paper and filed. It might be suggested that the secretary sign her name to these copies.

At the end of the year all papers should be filed away in a safe place. There should be some place, centrally located, where these files could be kept, rather than being moved with each change of the officer. A synopsis of important letters and subjects could be prepared and placed on the outside covering of each file. This plan, and a correct indexing of the minutes, will make reference work most convenient.

In some of our associations the secretary acts as corresponding and recording secretary, and, in addition, performs the duties of treasurer. The treasurer needs to be familiar with the simpler forms of bookkeeping and with the general rules governing banking procedures. If one journal is used for receipts and disbursements, each of these should be kept in a separate portion of the book, and sufficient headings allowed for the various entries to be made. Duplicate, numbered copies of all receipts issued should be kept; also, all accounts paid should be filed. A properly issued cheque contains the date of issue, the numbers of the cheque and of the bank account, the name of the payee, the amount of the cheque (in writing and in figures), a sufficient amount of excise stamps (two cents for every fifty dollars); the signature of the treasurer, countersigned by the signature of the president, if arrangements at the bank call for such, and the stamp of the association. A duplicate copy of each list of deposits made to the bank, and stamped by the bank, should be kept.

Submitting annually the treasurer's books to a chartered accountant

is most satisfactory for a small organization. This may appear to be added expense; but in many of our associations this work could be done in an hour's time, provided all accounts, receipts and statements have been kept in order during the year. In an association where there is much financial turnover it would be advisable to have the accounts audited every month; this can be arranged so that there will be no extra expense involved.

To a member who undertakes the duties of these offices for the first time there may appear to be considerable work involved, which demands some extra time from her; but those who have carried on for any length of time appreciate, as a rule, the opportunities afforded them in the performance of their duties. It is then a member considers she has been honored in being appointed an officer of her association.

The Executive Committee, C.N.A.T.N., suggested that the foregoing be prepared, with the idea that some of the newly organized associations, or those of small membership with few experienced members, might be able to obtain some help in the work of their associations. It is felt that the larger associations have members who are experienced and are quite familiar with the demands of all offices, as well as having established a correct method of records, filing, and financial accounting. We wish to add that the National office is most willing to supply, if possible, any further information to any of the officers of the federated associations.

JEAN S. WILSON,
Executive Secretary.

BABY CLOTHES

Just a little bundle of baby clothes, such as many a mother makes, as she sits and smiles to herself as she envisages the babe, so close to her heart, clad in the dainty garments; yet what a poignant interest is theirs! They were designed for a Prince of the House of Tudor, for the signs gave ground to the hope that Mary I. of England would bear to her husband, Philip of Spain, a child who would in due time ascend the throne of these realms. Had this been the case, would he, we wonder, have held their honor as high as did Queen Elizabeth, who succeeded in his default, by whom, when a Princess, these little garments were fashioned?

It was not life, but death, which called to Queen Mary I., and the signs she mistook for it were, in reality, signs of the mortal illness to which she succumbed. Now the little garments, tokens of a Queen's hopes and a Queen's disappointment, are to come under the hammer at Christie's on May 3rd, in the sale of Earl Brownlow's collection. They are of pathetic interest as well as of historical importance.

—*British Journal of Nursing.*

How to Meet Examination Problems

By JOHN FOOTE, M.D., F.R.G.S.
Professor of Diseases of Children, Georgetown University, Washington, D. C.
Author of "State Board Questions for Nurses," and "Essentials of Materia Medica and Therapeutics for Nurses."

"Please, dear Lord," said the little girl at her usual evening prayers, "please make Albany the capital of the State of New Jersey."

"Why, Mary," said her mother, "that's a very strange prayer. Why do you want God to do that?"

"Because," said Mary, "that's the way I made it in my examination this morning."

During the late months of spring, in every town and city in this and other lands, countless student nurses, like Mary, have been wishing for a miracle in either the questions or the answers of their examination papers. Even while the students have been praying for their own particular kind of miracle, the examiners who have the task of reading and marking the examination papers have been devoutly hoping for signs and wonders and miracles of their own kind — miracles of method, miracles of terseness of expression—just as earnestly as the student prayed for the miracle of inspiration or the tongue of flame that would cause him to know all things and "speak in diverse tongues."

Grown out of tangential relation with our own scholastic experiences in the far-off days of youth, many of us are rather prone to wonder just why the examination period should be one of such anxiety to both student nurse and teacher. For it is beside the question to argue concerning the desirability of examinations as a means of determining and measuring the student's knowledge. The examination *is* the method now used, and it will be used in schools—be they schools of medicine, or nursing, or law, or what not—just so long as the State Licensing, the College Entrance, and the Civil Service boards make it the final method of testing knowledge. Accordingly, a discussion of the effectiveness of the system itself is worse than futile at this time. To borrow a much used expression of a former president, "It is a condition and not a theory which confronts us." Why, then, since we know it is an inevitable performance occurring cyclically throughout the nurse's period of training, should the examination itself be a source of dread or annoyance or irritation to those who take as well as those who give?

VIEWS, QUESTIONS AND COMPLAINTS

I have questioned many teachers, especially in nurses' training schools, and I have questioned many students in nursing and medical schools, and noted what they said when asked why they did not like examinations. Curiously enough, both students and teachers frequently

condemned the system itself as wrong and misleading. When I asked for definite reasons for these objections, I obtained some statements which may have a certain value. I shall endeavor to set down here what the views of numerous teachers are on the question, "What's wrong with the examination system?" as well as the views of many students, and, lastly, my own views and conclusions.

In order that I may "qualify as an expert," as our colleagues of the faculty of law put it, let me say that I believe few teachers or students have wrestled more vigorously in flesh and in spirit with the examination problem than I have done. Some time ago I read, analyzed and edited over 30,000 examination questions submitted by state examining boards in thirty-one states of the United States to candidates who wished to qualify for the title of Registered Nurse. Having done this, I attempted to answer the questions as I thought they should be answered, and the result was published in a volume which is much used by nurses before examinations and given merited disdain and obloquy afterward. Since no fair-minded judge would fail to accept qualifications such as these, I will proceed with the testimony.

"Written examinations," said one very enlightened teacher, "give an undue advantage to the student who writes well—who has fluency and facility in expressing himself on paper. Conversely, many a student does not know how to utilize the medium of written language to the best advantage in showing what he really knows. When given a question requiring an essay-like discussion of some phase of a subject, he may not have the literary perspective to see and sketch the whole subject—he loses his sense of proportion in his descriptions—he fails to get a mental bird's-eye view, and omits salient points in emphasizing details."

On the other hand, the oral examination gives a decided advantage to the individual of glib speech, and puts a premium on personal magnetism and personal appearance. The "personal equation" becomes disproportionally large in oral ratings. Not a few of the ladies who made this statement insinuated that personal attractiveness sometimes smoothed the way of the candidate when the examiner was one of the opposite sex. Strange things have happened, indeed, even in the field of education. There is, for example, the legend of that lady teacher who lectured in a mediæval university, and who had a screen placed in front of her face in order that the student-gentlemen might not be dazzled by her beauty. Naturally, some doubt arises as to whether any young and beautiful woman would do such a thing, unless the sex has changed very much—such was the critical comment of a learned and lonely male professor of history to whom I submitted the legend. But, after all, I am only giving testimony; let the reader render judgment. There is little doubt that most teachers believe the oral examination to be of even less practical value as a measure of knowledge and learning than the written one.

The Slavery of "Marks"

The tedium and fatigue incident to marking a large number of examination papers in a short space of time, while endeavoring at the same time to give fair and impartial ratings to all, is in itself a disagreeable and dreaded experience to most instructors. When questions give a latitude of judgment to the student so that the answers may vary in length or in variety of ideas, it is all the more difficult to establish a standard for accurate rating. The paper examined when the teacher is much fatigued from having previously passed on a number of others may not be marked so critically as the first papers examined; in other words, fatigue may cause a deterioration of the critical standard established at first, especially if the questions asked are not more or less categorical.

"The student feels much put upon when he is given a long and trying examination paper," said one experienced examiner, "but I would personally prefer to take almost any examination in the course, and have it over in an hour or two, than be obliged to read and mark half a hundred examination papers outside of my regular teaching hours. And yet students always think that the teacher's part is easy."

In response to a request for suggestions for some practical method to replace the final examination, there were many replies—some of them excellent. But always the conclusion was reached that the examination system could not be ignored in a training school, while the test outside the school in Civil Service or State Board was based on the final examination system, especially since the school owed it to the student not only to teach the essentials of certain arts and sciences, but also to prepare her to pass written examinations in these branches. There are, therefore, two kinds of knowledge—real or practical knowledge and examination knowledge. Both must be taught.

Loose Questioning

From the student's point of view, much real dissatisfaction is found with the written examination. "I like to go to school," said the little girl, "but it's so hard to guess just what the teacher wants you to say when she asks you questions." This is really a serious and valid complaint of many student nurses. Much fault can be found with the inexact wording and vague meaning of many questions given in written examinations. This is because of loose thinking and laziness, or inability on the part of the teacher to express her exact meaning in understandable English. Specifically, the same inability of self expression, which results in poor marks for the student in an examination, frequently prevents the teacher from conveying the idea of what she requires through the medium of exact English. More than one nurse has said: "It would not be so hard to pass the 'things' if we knew just what was wanted. Sometimes two or three different answers could be given to a question, according to the way its meaning might be interpreted." This was, and is, a just complaint and one deserving serious attention.

The Iniquitous "Catch" Question

Most students also complain very bitterly against what they designate as "catch" questions. And it is quite true that the practice of using questions with cryptic meanings may disturb the student's judgment and cause her to lose valuable time and energy in analyzing innocent-appearing questions for some hidden mystery. "I failed in one examination," complained a student, "because I lost too much time trying to find unusual meanings in the questions." These confusing and baffling questions are much affected by the reactionary teacher who looks upon the examination as a puzzle or a disciplinary measure, rather than as a practical means of finding out what the student knows about the subject. Only a limited number of real "catch" questions exist. A student can memorize many of these, and yet be amazingly ignorant of the essentials of real knowledge in the important phases of the subject of which the catch question is only a part.

These are a few of the complaints against examinations—those of the examiner and those of the student. Both seem to revolve around the same point in at least one particular: the instructor finds that the student frequently does not answer the question properly because he does not seem to understand it; the student complains that the questions submitted are frequently so loosely constructed that clairvoyant power would be necessary to put down an answer completely satisfactory to the instructor. And the "catch question" comes in for deserved criticism. Where does the fault lie? Frankly, after studying the number of examination questions for nurses which I have seen, I have a great pity for the student. The fault in many instances lies with the teacher. The habit of loose thinking and loose writing is apparent in many sets of examination questions submitted to students as a test of their knowledge and mental ability. The examiner knows what she means, but the words she uses fail to express her query exactly.

The Wrong Type of Question

For example, an examiner may believe that nephritis is the most frequent complication of scarlet fever. In some statistical enumerations this is found to be true; nevertheless, in certain other sets of statistics, otitis may be found to have been the most frequent complication. And yet this teacher asks: "What is *the most frequent* complication in scarlet fever?" She expects the student nurse to answer "nephritis." If the student unfortunately says "otitis," she loses her mark for that particular question. But if the teacher had asked, "Name *a frequent* complication of scarlet fever," the student would have had a fair chance. Again we find a question, such as: "Discuss the two most important factors in infant feeding." A question of this general nature is most unfair, because even a six-months' debate might not satisfactorily determine just which two particular influences are most important in feeding an infant. What the student should want to know about the further meaning of this

question, in order to answer it correctly, would be the following: "What is meant by the loose term *'factors'?* Do you mean things concerned with (a) artificial milk supply, (b) ingredients for modifying artificial milk, (c) general nursing care, including care of the milk; or do these *'factors'* relate to (1) necessity for maternal nursing, including (2) hygiene of breast feeding as related to the infant, or (3) hygiene of breast feeding as related to the mother?" As a matter of fact, "factor" is a dangerous and misleading term borrowed from mathematics, which, when used in a subject like this, may mean almost anything. That is really why it is used—it saves the teacher from being obliged to think what she means. A sensible question to test the student's knowledge of some phase of infant feeding would be more limited as: "In feeding a young baby artificially, what precautions are necessary regarding (a) the care and quality of the ingredients of the food itself, (b) the routine of feeding?" This would at least elicit definite information concerning two more or less limited phases of a large subject. The student would then know exactly just what kind of knowledge was required of her.

The Antique Student Trap

And then there is the "catch question," often some obsolete or little used term, or synonym, in chemistry, or materia medica, or surgery. It may be interesting to know that an old name for appendicitis is "the iliac passion," but it is of no value as a test of knowledge of surgical nursing. A particularly pernicious type of question is the one designed to purposely confuse, such as: "What is tympanit*i*s?" "Tympanitis" is a practically obsolete term once used to indicate inflammation of the inner surface of the ear-drum. Tympanit*e*s is a frequently used word denoting a drum-like abdominal distension due to intestinal flatus. The spelling —a change in one letter—is the only clue to the difference between these two terms. The purpose of this type of question is to trap the student into making a mistake, a purpose which is entirely wrong. Such questions are worse than useless.

Making it Easier for the Examiner

All the suggestions made so far have had to do with simplifying the questions so that the student nurse may be enabled to use a corresponding simplicity in her task of answering. If this end is gained, a desideratum for the teacher will also be achieved. Scarcely ever does it happen that an instructor has reason to complain of too long, or too general, or too untidy examination papers unless she herself is partly to blame. The long, rambling answer is the reflex to the vague, indefinite question. Such questions as, "Discuss fever nursing," or, "What, in your opinion, are the underlying principles of proper diet?" These questions are impossible to answer in a concise manner. Every teacher who is to give examination questions should first decide what she wants to find out from the student by writing a theoretical answer. Then she should write out the corresponding question and analyze it to see that it

exactly asks for the information contained in the answer. She should always ask for definite information which cannot be "written around." For example, if she wishes to make a comparison of the ingredients of cow's and human milk, the wrong way to ask for this information would be to say: "Compare cow's milk and human milk." A more exact way would be to say: "Write, under the headings, protein, fat and carbohydrate, the percentages of these substances found respectively in cow's milk and human milk." Definite information would be asked, and none other could be given. The teacher who messes over long and untidy papers nearly always asks the kind of questions which elicit long and useless answers.

As to the untidyness of the papers, it is usually necessary to inform a class, not once, but several times, of the way you wish the paper folded, just where the student's name should be written, and, better still, printed, and the injunction to write on only one side of each sheet. Usually an object lesson in folding, so that all papers will be uniform in size, will fix this injunction—but even then some few untidy and wrongly folded papers may be sent in.

When concise answers are obligated, it is not a difficult task to assign fair and exact marks, provided no unfair question is asked. It helps very much to have a written or printed answer to the question before you, in order that you may be able to do full justice by comparing each student's answer with a uniform standard.

If these minor suggestions which I have enumerated are followed, it is possible that some of the discomforts and disappointments of the examination period may be allayed. Many tried and experienced teachers have made, and still make, the mistakes I have outlined here; indeed, similar follies belong to what Gilbert K. Chesterton calls "the ignorance of the educated." This is, after all, usually because we see well only what we know. An explanation to the class of the reasons for neatness and brevity in answering, for folding properly and writing legibly, and what the effect of this consideration on their part will be in lightening the examiner's onerous task—a frank statement such as this, a day or two before each examination, must have an excellent moral and practical effect, and must lighten the task of both teacher and student.

—*The Trained Nurse and Hospital Review.*

It might be well to dispense with cooking at one meal in the day, not merely to ensure obtaining the vitamins, but to reduce domestic labor. Salad and fruit should play a considerable part in such a repast.

—*Gateway to Health.*

Infantile Paralysis

DR. LEGG

(As reported from his lecture at the Training School for *The News Letter*)

Infantile paralysis is similar to measles and scarlet fever, but is not as infectious. It generally occurs in epidemics, usually from July to October, but there are always sporadic cases. Thus there was the large epidemic in 1916, with 1,700 or 1,800 cases in New York and 1,200 or 1,300 in Boston, and last summer, though there was no epidemic, there were from 100 to 150 cases in Massachusetts. Cases also occur in the country and in isolated towns.

The onset is obscure at times. The typical onset shows high temperature, headache, perhaps intestinal symptoms, possibly convulsions; but it may be very mild, e.g., the child goes to bed and wakes up paralyzed. Paralysis generally comes on 24 to 36 hours after the first symptoms, and one cannot tell from the initial symptoms how much the paralysis will be, as severe initial symptoms may be followed by only a slight degree of paralysis, and vice versa. Paralysis is commonest in the legs, then in the arms.

In these epidemics we do not know how the disease is transmitted. It has not been proved that it is transmitted by stable flies, as was suggested a few years ago, or by rats; it simply is not known how it is transmitted. It is mildly infectious. As a rule, it attacks children; but it does attack people of all ages, even as old as sixty-five, though it is usually much milder in adults. It attacks the motor, not the sensory, nerves generally, and the motor nerves run in the anterior horn of the spinal cord. Think of the anterior horn as a bunch of wires in a trunk line that gives light to a series of houses, the muscles; if one nerve is destroyed, the muscle it serves is paralyzed. In some cases the nerves are not destroyed, but are subject to pressure, and the result is a weakened muscle, not one completely paralyzed.

When paralysis comes on there is severe pain in the joints of the limb affected, lasting anywhere from a few days to some months. Treatment in the early stages consists of absolute rest, with the limbs in normal position. Orthopedic treatment cannot be begun until the acute febrile and cerebral symptoms are over. It is very important to keep the limb in a normal position, because the unaffected muscles have no antagonists. Thus, if an arm is paralyzed, it hangs, stretches the capsule, and causes dislocation of the shoulder. Besides keeping the child recumbent, hot salt baths (a cup of salt in a tub of water and the bath continued four or five minutes) should be given daily and the joints baked two or three times daily to relieve sensitiveness. Massage during this stage increases and prolongs sensitiveness. As soon as the sensitive stage is over, however, massage and muscle training can be begun. Massage is given to

keep up the circulation, and muscle training is to strengthen the muscle. Electricity has been used in the treatment of infantile paralysis, but, while it helps circulation, it does little to develop muscle. There is one kind of electricity that makes muscle contract and that is good if given well. But people are apt to give too much and tire the muscle out, which means weakening, rather than strengthening, the muscle. There is another reason for keeping the child very quiet: if one group of muscles is weak, the well ones contract and you get deformity. All deformity is due to lack of balance of the muscles. When the child gets up it must stand in absolutely correct position, and for this it needs braces. Clinics are held three times a week by the Harvard Infantile Commission and every little while outside. No case that is seen early should have any deformity if the parents carry out treatment; hence the importance of following up all cases.

As for serum, lumbar puncture has been done and serum obtained from pure cases at an early stage. It had little, if any, effect on the amount of paralysis, because paralysis had already taken place before the case was seen. There is no serum of use at present, though it may come.

There is a great field for nurses if they want to specialize in this work. An eight weeks' course is given at the Children's Hospital in the summer, and those who have taken it have made good financially. Requests are constantly coming from the West for women to do this work, and the Infantile Commission itself has not enough workers now.

—*The News Letter.*

WHEN SCHOOL CHILDREN SHOULD BE KEPT AT HOME

These are the indications of disorders for which school children should be kept at home, pending a doctor's investigation:

Nausea or vomiting, chill or convulsions, dizziness, faintness or unusual pallor, eruptions of any kind, fever, running nose, red or running eyes, sore or inflamed throat, acutely swollen glands, a new cough, any distinct or disturbing change from the usual appearance or conduct of a child.

It is especially important to give attention to such signs when a child lives in the country and probably has a longer and harder trip to school than the city child. If there is incipient illness, it may be made far more serious by lack of care in the beginning. Any of the above signs may be the red danger signal, meaning trouble in your own home —perhaps unavoidable trouble. But let's play fair and do a little golden-ruling, and stop the spread of disease before it starts.—Sarah Comstock in *The Health Builder* for March.

Skill in Convalescent Nursing

Finishing the Picture

By MAY WYNNE, Harts Hill, England.

Perfection in any work can only be attained through minute care in detail, a careful and conscientious completion of that which has been well begun. If this is true in art, music, it is doubly true in the ideal nursing.

And it is extraordinary how often the cleverest nurses—I am not in this article discussing doctors—fail to complete their task of helping to restore their patients to physical fitness, with the same enthusiasm they have shown in the more exciting or interesting stages of the illness. A well trained nurse, keen on her profession, easily becomes absorbed in the fight she is helping another to wage between life and death. Personal sacrifice is easy, every nerve is strained in the desire for victory, no detail is overlooked, no task too difficult.

But when the danger zone is past—when the patient drifts laboriously back to life through the grey back-waters of convalescence—the nurse is faced by a task for which she is only too often found unequal. Perhaps she is naturally tired from the strain, though she will not own it. If this is so and she is really unable to carry on successfully, it would be fair to confess it. It is not so much her skill and knowledge of disease which are needed as patience and sympathy.

Naturally the nursing of convalescents is less interesting and even, at times, irritating. Therefore the greater the praise to those who are artists enough in their profession to complete their task in finished detail.

The patient, easily tired, easily depressed, constantly irritated by finding his incapacity to take his place again for a weary while in active life, becomes voracious in his demand for help and sympathy. He does *not* want to be bored by chatter or oppressed by uninterested silence. He is mentally at a disadvantage, self-centred and exacting. The only thing for the nurse to aim at is to sink her own individuality and try—most gallantly—to look at life through her patient's eyes.

It must be hideously hard for him to be laid aside in helplessness, or to be constantly reminded that after all the anxiety he has caused his relatives it is selfish to try and retard recovery by wanting to do more.

The nurse must stand between her patient and such reproaches. She must be the encourager, not the dictator. If she is wise she will yield unimportant points with the doctor's sanction and avoid the least "fussiness." Still seeing from the patient's standpoint, she must avoid too much gaiety and noise when he has visitors. The patient may not betray his weariness, but he has to pay later by a sleepless night for the strain. Remember, in helping him to complete a good convalescence you may be saving him from months and months of life lived below par, tormented by insomnia, made gloomy by depression or irritable temper.

The nurse is responsible also if the patient acquires the self-centred attitude of "enjoying ill-health." She must temper her sympathy with an

attitude of respect toward perfect health, which will encourage her patient to emphasize the signs of its return.

I do not think nurses can ever think too seriously of their responsibility in nursing a convalescent. It is as important and at times more difficult than the tussle with disease in its full strength, and if tact and sympathy are called to play their part there should be no need for those whispered conversations between patient and relatives:

"When can nurse go? Do tell her I don't want her after this week. I'm sick of the sight of her! She's always playing around or fadding about, or wanting to talk when I don't."

This sort of thing is unnecessary, and if it shows ingratitude on part of the patient it no less betrays the fact that the nurse has been thinking more of herself, her boredom, or her wish for a "good time," after strenuous work, than of her patient's needs.

Friendships formed in a sick-room are often broken during weeks of convalescence. There may be faults on both sides, but the nurse who aims toward idealism in her profession will be glad, I am sure, to have her attention drawn to the honor of success in this part of her work. She will need the brain of a diplomat, the patience of Job and the sympathy of a good woman to perfect the task which relatives of her patient only too often render most difficult.—*The Trained Nurse and Hospital Review.*

No. 10 Adelaide Ward, St. Thomas' Hospital.

On Christmas morning we had a new surprise every half hour. The carols were lovely. Over 100 nurses paraded the corridors of blocks and wards. There are 30 beds in my ward, and so prettily decorated. Our Sister is a perfect little lady, and the nurses are lovable and nice—very jolly, full of fun, also very gentle and sympathetic when we are sick.

We had a glorious dinner Christmas Day. Dr. Hedley, head surgeon, carved the roast turkey, and Mrs. Hedley helped the sausages, bread sauce, creamed potatoes and Brussels sprouts. Their children—five boys and one girl, ages three to fifteen years—brought the patients their dinners. Then Christmas pudding, brandy sauce, and a glass of wine followed.

I had two visitors for the tea party, from 3 to 6 p.m. They enjoyed the fun immensely. The students paraded the wards—some as rabbits and donkeys; one had a huge baby carriage, while another student dressed as a baby in long clothes; he only had a black quart bottle to take his nourishment from, and caused great fun and laughter. Each patient received a new dressing gown with blue and white stripes, and, with red ribbons in our hair, we looked very gay; then a neat little bag of pretty cretonne containing needle, cotton and thimble. One patient, who is awaiting operation, is able to put records on the gramaphone, so we are kept happy to music. Christmas, 1923.—Extract from the letter of a patient operated on in St. Thomas, December 14th.

Editorial

It is with great pleasure that the Editor notes that there seems to be a possibility that the department reserved for the ex-Army Nursing Sisters may again be a live department. If a nurse in each of the large centres would send in material, personal notes, etc., about the nurses who were part of the C.A.M.C.N.S., such a department could easily be made quite a feature of the magazine. Without the aid and co-operation of these nurses it cannot be done.

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At this time of year, when perhaps nurses move more frequently than at other times, if such a thing be possible, one of the difficulties of this office is to keep a correct list for the mailing list of addresses of our subscribers. Whole packets of cards come from the post-office in the larger cities stating that "address unknown," or "moved" is all the help they can give us. Of course, these names are then taken off the list, and months afterwards, usually when some hard-working interested friend of the magazine is trying persuade nurses of their duty to their national magazine, someone in the group says, "I subscribed months ago, and only had one number"; or it may be worse than that—she may say truthfully, "I never received a single copy." It will hardly seem credible, unless one knew, that even the receipt for the money sent is returned through the post-office with the marking, "Address unknown."

Please help this office and yourselves by sending, either to the post-office or this office, preferably the latter, the changes of address during this coming year.

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ERRATA

Owing to an oversight on the part of the printer, the folios in the January issue of the magazine were not altered back to page 1 of volume 20. This change has been made in the February number, beginning at page 65. Subscribers will therefore take the January number as from pages 1 to 64.

EDITOR.

The World's Pulse

By Elizabeth Robinson Scovil

An Active American Volcano

Lassen Peak, in California, the only active volcano in the United States, has recently been in eruption. The volume of smoke was so great that the disturbance is thought to be the largest in many years.

Transfusion for Septicaemia

The daily press reports that a new method of blood transfusion is being successfully used at St. Mary's Hospital, London. Sir Almoth Wright is the author. During the war, in desperate cases of septicaemia, he added a vaccine to the blood of a healthy person and then injected it in the patient. He now inoculates the donor with vaccine, so that the blood may manufacture a large quantity of microbe-destroying substance, and then draws from this source for transfusion. It is too soon to pronounce definitely on the value of the method, but the results are hopeful.

Vaccine for Tuberculosis

Prof. Dreyer, a member of the Medical Research Council, London, is said to have found a method by which a really effective vaccine against the tubercle vacilli in man and beast may be prepared. Being still in the experimental stage, the vaccine is not yet generally available. It is said astonishing results have been obtained in selected cases in certain hospitals, and no less satisfactory ones in experiments on cattle.

Canned Foods

Dr. W. G. Savage, who is one of the best known authorities on the subject of food poisoning, and examiner in State medicine and hygiene in London University, says that after so severely technical investigation of canned foods he has concluded that, while they have definite and special risks of their own, these are not large and are easily guarded against. Compared with fresh foods, carelessly handled, they are undoubtedly safer. Condensed machine-skimmed milk has a very low nutritive value.

A $5,000,000 Air Company

Four important air companies are to be merged into one, with Sir Eric Geddes as chairman and a capital of $5,000,000. Air expresses, equipped for night flying and driven by three separate engines, it is hoped, will eliminate forced landings. Aerial freight and postal services will be developed, and many more pilots will be trained. The British Government grants a subsidy of £100,000, spread over ten years, on condition that the personnel and equipment must all be British.

Diver Meets an Octopus

The octopus has been regarded rather as a creature of fabled powers; but a French diver, at work in the harbor of Toulon, was attacked by one and nearly lost his life. The creature twined its tentacles around his arms, and for a time rendered him powerless. With great difficulty he freed his right arm and drove his trident through the body, but without breaking its hold. At length he managed to give the signal and was hauled to the surface, with the octopus still clinging to him. His rescuers had to cut the tentacles off with knives and hatchets before they could free him.

A Cure for Fatigue

Sir Robert Armstrong Jones, the great authority on mental diseases, says a vaccine which would enable a person to go through all forms of exertion without fatigue is being tested in the laboratories and will soon be in use. He thinks sleep is more important than food, an absolute necessity of life. He advises sleeping with an open window; 60 degrees is the ideal temperature. Everyone should have at least eight hours' sleep, and ought to be in bed before 11 p.m. A change of occupation or interest would frequently avert nervous fatigue. At night a hot bath or massage is very soothing.

Asthma and Apoplexy

Dr. Semerad, of the General Hospital, Prague, and another professor are said to have discovered a remedy for arterio-sclerosis, which predisposes to apoplexy. The remedy consists of colloidal extract, which has long been considered of use in this connection. Colloidal silica reduces blood-pressure in the vessels. The combination has given relief to persons suffering from arterio-sclerosis, and it is said asthma has been cured; but the remedy is still in the experimental stage.

Australia to Grow Cotton

Mr. Bruce, Prime Minister of Australia, says Australia wished to grow cotton enough to become an important factor in the world's cotton supply, and hoped before long to produce one million bales.

Triumphing Over Blindness

Miss Sadie Isaacs, a blind girl of twenty-two, came out at the head of the first class English honors list of the University of London. She won the B.A. degree, which carries with it a special studentship of the value of £100. She became blind at the age of eight. All her studies have been conducted in Braille.

The London Post Office

About thirty million letters and four million parcels were handled in London during Christmas week. Thirty thousand men were engaged to aid the permanent officials in England, and of these 5,000 were employed in London alone. Most of these are ex-service men.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.

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Child Guidance Clinic

Lack of Understanding and Proper Guidance of the Child Often Leads to the Maladjustments of Adult Life.

The Child Guidance Clinic was organized under the auspices of the Mental Hygiene Committee of Montreal in March, 1923.

Object

The Mental Hygiene Committee of Montreal organized this work for the conservation of mental health and to prevent the development of mental and nervous disorders; also for the purpose of raising the standards and effecting treatments for those children suffering from emotional and mental complexes, which, if not treated in early life, later on result in problems in the industrial world, i.e., misfits, the unstable, etc., hampering educational standards, causing delinquency, dependency, etc.; in other words, to treat from a scientific standpoint these cases of maladjustment and instability in their early stages, so that they may be able to adjust themselves to their environment and live happy and efficient lives, and to be an asset rather than a drag on the community.

The Clinic

This clinic is held every Tuesday and Saturday morning in Room 703, 207 St. Catherine Street, West, in the offices of the Mental Hygiene Committee, for boys and girls twenty years of age and under.

The Personnel

The personnel consists of two psychiatrists, one social worker and one office secretary. These cases are referred from various sources, such as other social agencies, schools, settlements, institutions, Big Brother Association, Juvenile Court, Victorian Order of Nurses, Child Welfare Association (Health Centres), private physicians, private individuals, etc. The reasons for referring these cases are many, namely, those presenting problems of behavior or habit, speech or personality effect, disturbances of sleep, manifesting itself in nervousness, dreams, producing "night terrors," insomnia, sleep-walking, etc., or those with social traits, exhibiting tendencies towards truancy, lying, stealing and destructiveness.

The Method

The method of procedure is as follows: When a case is referred, a report is obtained from the Confidential Exchange and all agencies who have had any contact with the case are approached in order to secure any data of interest that they may possess. The home is visited by the psychiatric social worker, in order to obtain as intensive a family history as possible; that is, the reason for investigation or to ascertain the problem, the environment, the family history or background, personality of the parents and family status, number of children, personal history of the child, school, church, hospital treatment (if any), and industrial records (if any). School teachers and private physicians (if any) are interviewed and hospital reports are secured. A complete history is thereupon typed according to the above outline. The child attends the clinic accompanied by its parent, guardian or foster parent (if possible). The person accompanying the child to the clinic is interviewed by the doctor; the child then receives a psychometric test and thorough physical examination. With the detailed information from the investigation made by the psychiatric social worker, psychometric test and thorough physical examination, the psychiatrist is then provided with invaluable material with which to conduct his intensive study of the case. The time required for these consultations varies according to the type of case, and also time at the disposal of clinician, heavy clinics calling for quick disposal of case, in order that all cases may be attended to; nevertheless the ideal is to take sufficient time to carefully cover all ground necessary to obtain an intimate knowledge of all phases of the face; in fact, sometimes an hour is required in order to accomplish this. The case may be too intricate or difficult to give a definite diagnosis upon first interview; therefore, it may be deferred for further study. The child is requested to attend once or twice weekly, as the case requires, or a definite diagnosis may be

arrived at first interview and recommendation given, and the child requested to attend the clinic regularly once a week until he shows signs of definite improvement, when a lapse of two or three weeks to once a month may be considered advisable. In all cases the patient is closely followed up by the social worker, assisted by a co-worker, by whom good contacts are formed with child and parents, gaining their confidence and establishing the friendly relationship so necessary to the proper conduct of the case.

Treatment

Therefore, the treatment of the case is in the hands of those specially trained in child psychology—the psychologist applying his psychometric test to determine the mental calibre (intelligence quotient and mental age) of the child; the psychiatrist observing and studying the different forces at work in the child's mental development, assisted by the findings reported in the social worker's investigation, the psychiatric social worker forming the link between the clinic and home, being the medium of conveying the child's environment to the clinician, also acting in the capacity of counsellor and adviser to the mother and child. Not infrequently the heaviest task is the education of various members of the family as to their proper attitude to the child; this is accomplished through frequent visits.

Where physical defects have been found every effort is made to have the defects remedied, realizing how closely allied the physical is to the mental.

Special attention is paid to diet and health rules, instruction being carefully given to those in charge of the child; provision is also made for the child's recreation and diversion, with whatever facilities are available, summer vacations arranged for, etc.

When after repeated efforts have been made to suit a child to its environment and these have failed, a suitable foster home is provided and the child is closely observed in its new surroundings, returning to its former environment when it is felt that the change has brought about the desired effect. The absence of the child in many cases gives opportunity to the social worker to create in the family a more tolerant attitude towards the child; incompatibility between the parents, over strictness on the part of the father, negligence on the part of the mother, superiority shown by the brothers and sisters, establish in many cases an anti-social attitude on the part of the child, showing itself up in various personality and speech defects.

In the treatment of bad habits, efforts are made to substitute other interests to take their places, appealing to the child, rather than resorting to force. In this respect, for the adolescent child, a Big Brother or a Big Sister is most desirable, being an outside interest and incentive in the child's life, as well as in many cases a contribution to the whole family's

well-being. As an illustration of the foregoing outline, the following cases will show definite results obtained:

Some months ago a small boy of eleven years of age was referred to the clinic by a family welfare agency, who was interested from the standpoint of relief to the boy's family. The report showed the boy had been expelled from his school after having repeatedly offended in the matter of writing obscene language in his school books and on the premises. The parents were somewhat divided in their attitude towards the boy's behavior—the father using force, beating the boy, etc., for his offense, and afterwards treated him with utter indifference; the mother, feeling the disgrace most deeply and realizing the injustice to the boy, fearing for his future, appealed to the family agency for advice, the case being in turn referred to the Child Guidance Clinic. When the boy appeared before the psychiatrist, the examination brought forth the fact that he was stealing, lying and running wild. Owing to his expulsion from school, and lack of understanding at home, arrangements were made for membership in the Boy Scout troop in his neighborhood, through which he obtained a summer outing at the camp, from which was received good reports of his conduct while there. His attendance at clinic was most regular and satisfactory, showing a keen response to interest taken on his behalf. When the fall term commenced the social worker approached the school authorities and pleaded with them to readmit the boy and give him another chance, suggesting that, as the boy was co-operating well with the clinic and had shown marked improvement under the new regime, he was not likely to repeat his old offense. This request was acceded to, and the boy began his studies in another school, it being thought wiser not to return to the one in which he had gotten into trouble. The results were most gratifying. The boy reverted from a backward pupil, with lazy and indifferent propensities, to a studious, interested, alert child. His monthly report, produced at clinic, demonstrated a marked change in his outlook and rank in school. The mother (who has tubercular tendencies) is considerably relieved in consequence, and, therefore, better able to cope with her financial embarrassments and ill-health. The boy, being an asset rather than a hindrance in the family circle, is thoughtful and helpful at home and no longer a menace and terror in the neighborhood, having previously been a leader in various escapades.

In connection with the co-operation between the schools and clinic, we will quote from a letter received from one of the principals:

"We have to thank both Dr. Mundie and yourself for your interest and co-operation in dealing with several pupils last year. Several of those examined are now making much better use of their time and should become an asset to the community, whereas they would, without guidance, have become a menace to their associates and the community at large."

The following is an article which appeared in the *Montreal Standard*, November 3rd, 1923, during the recent Financial Federation Drive:

WAYWARD FEET DIRECTED BY CHILD GUIDANCE CLINIC

Striking Demonstration, in Lindsay Building, of Splendid Work Being Accomplished by Mental Hygiene Committee of Montreal for Errant Youth

Somebody has written a poem called "Understood." In it the writer says that heartaches will be all forgotten and wrongs forgiven upon the day when mysteries will be swept away; when motives will be explained and every individual at last will be—understood.

No lip can utter or pen describe the bitter anguish of one who goes through life misjudged and misconstrued. How many mistakes have been made—how many steps directed downwards through repeated misunderstanding will never be known until the hand of Time draws back the curtain and reveals the secrets of the ages.

There is an organization here whose one aim is to understand, and, understanding, to guide and help. That organization is known as the Mental Hygiene Committee of Montreal, conducted by Dr. G. S. Mundie and his associates, Miss I. Lillian Lawrence, R.N., and Miss Brenda Chillas, R.N.

It is located in Room 703, 207 St. Catherine Street, West, and every Tuesday and Saturday morning, at half-past nine o'clock, is conducted what is called the Child Guidance Clinic. This is for boys and girls, of twenty years of age and under, who come from various sources and for various reasons, and who are examined, studied and helped.

Theft, laziness, seclusiveness, immorality, pugnacity, pronounced shyness, incorrigibility—each of these bespeaks an abnormal state of mind, and consequently requires attention.

During the past week, in connection with the financial drive for the Federated Charities, there was graphically demonstrated, in a section of the large show window of C. W. Lindsay, Ltd., kindly loaned for the purpose, the sort of work which this body of philanthropists is doing.

At a desk in the centre of the room sat a wax figure of a kindly-faced doctor, listening attentively to the story of an eleven-year-old boy beside him. On the desk were noticed puzzles, pictures and other articles used in intelligence tests.

To the left stood a white-garbed nurse, about to accept from the hands of a little girl her monthly report from school.

Arranged in semi-circle effect on the wall was a series of pictures, depicting in striking manner the evils and advantages resulting from certain methods followed in child training. For example, one illustration showed two boys reading. The eyes of one were dilated in horror as he literally devoured the page before him, while the expression of unruffled concentration on the face of the other suggested a mind absorbing and assimilating wholesome food.

In the foreground of another picture sat a pathetic little lad, very woebegons of face; while some distance away were two other boys, obviously enjoying themselves. Below the illustration, under the heading, "Danger Signals," one read such words as inactivity, morbidness, unsociability, extreme timidity.

Other posters warned against frightening children with threats of calling the police, and cautioned parents to investigate such symptoms as lying awake at night, talking in sleep, and lack of appetite. Mothers were also urged to state facts wholesomely and truthfully to their inquiring children. Asking questions and investigating are absolutely needful to the child's health and well-being, it was stated.

Dr. Mundie, who has interviewed as many as forty-six little people in a morning, told "The Standard" that many of these develop what is known as an inferiority complex. This means that they underrate themselves to a harmful extent. They imagine themselves below other individuals, and thus begin to harbor a grudge against the world in general. In an attempt to "get even," perhaps they steal or break windows and are brought before the Juvenile Court, and so are headed straight for a criminal career, destined to end in Bordeaux Jail.

This is where the work of the Child Guidance Clinic comes in. In 1922 eight-year-old Louis was taken to the clinic on account of incorrigibility and self-will. He would wander off and be absent for long periods, sometimes sleeping away from home.

Louis resided in Rosemount. Dr. Mundie asked him if he enjoyed living there. No, he answered, very decidedly; he liked a place where there was lots of noise. Though in a low grade at school, he was most intelligent and possessed of a vivid imagination which enabled him to visualize all manner of things.

Upon investigation, it was found that the boy's home was a drab and uninteresting place, affording no opportunity for the exercise of his faculties. He was temporarily adopted into a congenial atmosphere and induced to join the Boy Scout Movement. This now provides a healthy outlet for his strong imaginative vein. To-day sees him, a wholehome, happy lad, back with his own people.

This is only one of the scores of little lives in which sympathy, tact and understanding have discovered "golden grains of good amid the evil"—one of the many cases where wayward feet have been led back into the path of purity and truth.

L. I. S.

The noticeable increase, from 16 to 202, in the attendance in the past eight months since the clinic has been functioning shows the necessity for branches to be opened in various districts throughout the city, thus enabling the psychiatrist to do proper justice to the case and to make the clinic more accessible to those attending it.

Summary

An attempt has been made in the foregoing article to show not only is there a tremendous need for many clinics such as described, well equipped and adequately staffed, to meet the needs of the misunderstood and maladjusted child, but also to testify to the gratifying results of the humble efforts of our small but enthusiastic staff, whose reward is great in the marked improvement in the children and in the increasing interest displayed by schools, social agencies, Victorian Order of Nurses, etc., who co-operate to the fullest extent; and last, but not least, the ready response from the home of the child to this friendly and interested agency, who is endeavoring to lighten the burden which is consequent on developing personality in a family group, guiding and providing for the future well-being of both the family and the child.

I. Lillian Lawrence, R.N.,
Supervisor, Child Guidance Clinic.

NEWS ITEMS

Miss Jean MacKenzie, a graduate of the Royal Victoria Hospital, Montreal, who served with distinction for three years with the C.A.M.C., and who, on being demobilized, was appointed a member of the School Hygiene Branch of the Department of Education in Saskatchewan, has recently been appointed an organizer for home nursing classes by the Canadian Red Cross Society. Miss MacKenzie's headquarters will be the National office of the Red Cross in Toronto.

Miss R. E. Hamilton, who was formerly Supervisor of Nurses for the Ontario Provincial Board of Health, assumed her new duties, on January 1st, with the Home Nursing Department of the Canadian National Red Cross.

VICTORIAN ORDER OF NURSES

While expressing appreciation of Miss Smellie's appointment, it is felt by the nurses that they are sustaining a keen loss in the resignation of Mrs. Hannington from this position. At a recent farewell reception held at the home of Mrs. Fraser, the local president of the Victorian Order of Nurses at Ottawa, a handsome purse was presented to Mrs. Hannington, to which all nurses of the Order from coast to coast contributed, and by which they expressed their regret at her resignation.

ONTARIO

Mrs. A. Haygarth, a graduate of the public health nursing course at the University of Toronto, has been appointed community nurse for Orillia.

Espanola has been very fortunate in securing the services of Mrs. L. I. Oliver as community nurse. Mrs. Oliver, previous to her marriage, was on the public health nursing staff of the Ontario Provincial Board of Health.

BRITISH COLUMBIA

Miss Hattie B. Innis, R.N. (Vancouver General Hospital), who has held the position of child welfare nurse at the City Hall, Vancouver, left January 1st to enter the National Training School of the National Church to prepare for missionary work in China under the Women's Missionary Society.

The League of Red Cross Societies has invited Miss Eunice Dyke, Director of the Division of Public Health Nursing of the Toronto Department of Public Health, to come to Paris for four months to act as a consultant in public health nursing in connection with the work of the Division of Nursing of the League of Red Cross Societies. Miss Dyke has accepted the appointment, and will leave for Paris about the middle of January.

Toronto's reputation for its public health service is due, in the first instance, to what has actually been accomplished, such as the supply of pure water, pure milk, food inspection, laboratory and nursing service. The opportunity that Miss Dyke has had in Toronto for observing in a practical way the value of public health nursing in public health administration eminently fits her for the position that she will occupy in connection with the work of the League of Red Cross Societies.

Without a rich heart, wealth is an ugly beggar.—EMERSON.

Enjoying each other's good is heaven begun.

Private Duty Nursing Department

National Chairman—Miss Edith Gaskell, 397 Huron Street, Toronto.

Vice-Chairman—Miss Agnes Kelly, 457—12th St., N.W., Calgary.

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

Ontario—Miss Helen Carruthers, 404 Sherbourne Street, Toronto, Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss M. L. McLeay, 1532 Comox Street, Vancouver, B. C.

The Treatment of Chronic Arthritis

By Almon Fletcher

It must be admitted that our knowledge of this disease has not kept pace with the progress made in most branches of modern medicine. In spite of a large amount of investigation, both in the laboratory and in the wards, many factors in its aetiology remain obscure. And to this obscurity is added no little confusion by the use of an inexact nomenclature. For example, the term rheumatism, which is used to describe such widely varying conditions. This word takes its origin from the time when it was believed that disease was the result of exposure to a foul humour or rheuma. Now it is used with even less reason to designate not only the various painful disease processes which may occur in fibrous, joint and nerve tissues, but also many other vague conditions where, as often as not, it serves as a diagnosis to disguise the fact that the disease is not recognized. Like the ostrich, one obtains false reassurance; much valuable time is lost. Especially is this the case in chronic arthritis, where an early diagnosis and investigation may result in the establishment of suitable treatment before irreparable joint damage has been done.

Chronic arthritis, which is due to some known organism, such as, for example, the gonococcus or the tubercle bacillus, or which is secondary to some other disease, such as gout, is occasionally seen, and treatment should be directed towards the specific cause. Most cases of chronic arthritis, however, do not come into this category and may be described as non-specific. This disease is generally known as arthritis deformans, of which there are two great general types—rheumatoid arthritis and osteo arthritis. In rheumatoid arthritis the disease manifests itself principally by pain and swelling in the capsular joint tissues and synovial membrane. Osteo arthritis is characterized by the growth of new bone, the so-called hyperthropic changes, such as bony lips along the articular margins. Both forms of the disease may be seen in the same patient.

The clinical course of this disease, as well as the evidence furnished from the experimental production of arthritis, indicate that it is the result of a chronic infectious process. And this hypothesis receives support from the frequent occurrence of foci of infection at some distant point, and also by the general experience of clinicians that much improvement, or even a cure, may be furnished by the removal of such foci.

The minute search for such a focus of infection constitutes an important measure in the investigation of such a case and, indeed, may present very considerable difficulty. Even a healthy-looking tonsil, as is well known, may contain pus, the existence of which may be suspected only after careful history. Teeth and tonsils are, undoubtedly the most frequent infectious foci, but other parts must be carefully examined—the nasal sinuses and antra, the gastrointestinal tract, especially the gall bladder, the lower respiratory tract, the genito urinary system, and so on. The treatment of foci of infection is one of the principal advances made in medicine during the last two decades, and it is natural that the pendulum should have swung too far and radical measures carried out without sufficient ground. Frequently enough one sees patients with chronic arthritis in whom tonsils and teeth have been removed without in any way influencing the course of the disease. In fact, sometimes even the removal of a definitely infected area meets with failure, or temporary improvement, followed by relapse.

It is now recognized that the problems of chronic infectious arthritis is much more complex than the search for a focus of infection and its removal. It has to do not only with the source of the infection, but even more with the behavior of an infection after it has entered the body and the various reactions of the body to such an infection. Various factors which play a part in the processes of resistance are many; a few being—those relating to diet and nutrition, occupation, rest and fatigue, nervous influences, climate, and, finally, metabolic and endocrine disturbances.

On the other hand, in many cases a focus of infection is not found, nor does the clinical course of the disease suggest an infection process.

It is generally believed that the joint manifestations under such conditions are due to some distant toxic process, and the disease is called toxic arthritis. But here again usually no specific toxic process is evident, and those therapeutic measures are called for which will improve the general health of the patient and increase the capacity of controlling the chronic toxic state.

In adopting general therapeutic methods, the individual patient must receive consideration. Whereas, for example, it is common experience that many mild cases of chronic arthritis receive benefit by suitably adjusted exercise, in many others rest is possibly the most important single therapeutic measure. It is a common experience to see patients in the hospital improve much, or even get better, with a few weeks in bed. This is especially so in many whose work involves long hours indoors. Not a few nurses come into this group. Sometimes the history will reveal a large element of fatigue in the origin of the arthritic process. A change in occupation, too, involving lighter work and better hygienic conditions, if brought about during the early stage of the disease, may result in permanent relief. The question of climate is less definite; but in a few cases, where marked susceptibility to weather conditions is evident, a change will start the period of convalescence. The part played by diet and nutrition is, undoubtedly, a large one.

It has always been recognized that many of these cases were influenced by dietetic change, but dietetic treatment has often been carried out without any rational basis. For example, much harm has been done by restriction of protein, especially meat, due to a failure to distinguish the fundamental difference between gout and the disease in question. The relationship of an unbalanced diet to disease has been the object of intensive study during the last decade, and it is now appreciated that a normal diet is a balanced one—a balance of all its constituents, protein, carbohydrate, fat, salts and vitamines, of the last of which there are at least three. The existence of diseases which are due to vitamine deficiency is now well established. The most characteristic are the well-known deficiency diseases, such as scurvy; but it has been further established that animals which have been subjected to partial vitamine starvation show a low resistance to various infections. But much more frequent in human diets than vitamine deficiency is the consumption of inadequate protein or excess carbohydrates. There is a tendency among many, for reasons sometimes of economy, or at other times of individual taste or convenience, to allow the diet to become unbalanced in this direction. In a few, excess may be a factor, or, more frequently, excess of all the constituents.

Only generalities can be discussed in the consideration of this question. Each patient presents an individual problem, but the diet of an arthritic should be critically scrutinized for lack of balance in any particular direction. The same principle applies to the patient's state of

nutrition. Over-nutrition should be reduced, and patients who are under weight should be better nourished. Certain disturbances of metabolism may be found, and call for special measures. A lowering in sugar tolerance, for example, in the absence of foci of infection, calls for reduction of carbohydrate. Disturbances in the uric acid content of the blood demand purin restriction.

Other measures are of value in selected cases. Massage, hot baths and dry heat are beneficial, and recently it has been shown that such physical methods of treatment exert an influence over certain of the chemical process of metabolism. The effect of drugs is, on the whole, disappointing. Their name is legion; some are of value in certain cases. Finally, reference again might be made to the importance of early treatment, for clinical experience would indicate that vigorous measures, adopted in time, will cut short the disease, or result in very material improvement.

HEALTH RULES FOR THE BUSINESS WOMAN

1. Rise in time in the morning to bathe, dress, and eat in a leisurely fashion.

2. Take a cold or tepid bath, followed by a brisk rub with a coarse towel.

3. Eat three meals of wholesome food. Be sure the day's diet includes at least a pint and preferably a quart of milk, some leafy vegetable and fresh fruit, and a sufficient quantity of food in all to give the energy necessary for the day's work and exercise. Eat meat sparingly, not oftener than once a day. Use very little tea or coffee, if any.

4. Have a thorough, regular, and natural bowel movement each day.

5. Drink six to eight glasses of water daily.

6. Dress sensibly and warmly, allowing freedom for the body to move with ease. Lighter clothing can be worn at home or in the office, but sufficient clothing to prevent loss of heat should be worn on going out.

7. Take some good, brisk outdoor exercise every day. This should be vigorous enough to stimulate heart action and increase circulation and respiration.

8. Get good, wholesome recreation; keep cheerful thoughts and a contented mind.

9. Sleep about eight hours each night, with the windows open so as to secure good circulation.—JOSEPHINE A. MARSHALL in *The Health Builder* for March.

Pupil Nurses' Department

A Visit to the Hospice of the Great St. Bernard

Much as we had anticipated our visit to the Hospice of St. Bernard, it was nothing in comparison to its realization. The hospice is situated on one of the most dangerous mountain passes between the frontier of Italy and Switzerland. It was founded in the year 962 by Bernard de Moulton for the purpose of sheltering weary travellers, who, free of charge, could remain there for three days to rest and recover their strength before continuing on their journey.

It was dusk when we arrived, and below us in the hollow of the great mountains stood this lonely building, overshadowed by the silent, snow-capped mountains. Here, in the highest inhabited spot in Europe, has dwelt for the last 900 years a small number of monks, belonging to the Order of St. Augustine, who carry on this charitable work.

The majority of the travellers nowadays, however, do not arrive by the dangerous pass, but by motor car, though there are still a few peasants who make use of the hospice—not out of curiosity, but from sheer necessity.

As we entered the courtyard we were amazed at the large number of visitors (several hundreds, we were told) who had arrived that night to partake of their hospitality. We were welcomed at the door by several monks, who showed us to the dining-room, where, seated at long tables, we enjoyed a simple but hearty meal, the monks themselves waiting upon us. When the meal was over we were shown to our bedroom, which was empty save for a bed and blankets.

The following morning, Sunday, we attended service in the little chapel, after which we visited all the places of interest, including the library, with its old manuscripts and relics of bygone days.

But a description of the monastery would not be complete without a reference to the famous dogs who assist the monks in their work of rescuing the lost travellers. When the weather is bad, or after a severe snow storm, the monks set out, accompanied by two dogs, one bearing a flask of spirits suspended from its neck, the other carrying a blanket. If the dogs come across a traveller who is lost in the snow, they lead him to the hospice; but should he have fallen, benumbed by the cold, they, by their loud barking, attract the attention of the monks to the need for further help.

Thus all too soon came the time for our departure, and we carried home with us a great admiration for the unique work being done by these people in that remote and dangerous region.

HELEN CLARKE, R.V.N.

Canadian Army Medical Nursing Service Department

A large assembly of ex-service nursing sisters living in and around Winnipeg met at dinner on Thursday evening, December 11th, in the Marlborough Hotel, to organize an association for community purposes.

Officers were elected as follows: Honorary president, Matron M. Macdonald; honorary vice-president, Miss Rayside; president, Mrs. A. D. McLeod; vice-president, Miss A. E. Andrew; treasurer, Miss E. C. Letellier; secretary, Miss A. J. Atrill; conveners of committees—Mrs. Petel, Mrs. Moulden, Miss M. McGillvray, Miss E. A. Bennett, Miss E. Hudson, Miss E. J. Wilson, Mrs. Morrison.

During the evening a programme of music was given by Miss Rodgers, Miss M. Webb and Miss McCowan, followed by addresses from Mr. Leo Wards, of the Canukeena Club, and Colonel Webb.

Silent tribute was accorded those who did not return from overseas, and the roll of honor and roll call were read. The roll of honor includes Miss A. Douglas, Miss A. Ross, Miss A. Dogg, Miss L. Jeuver, Miss M. Lowe, Miss Wake, Miss K. McDonald and Miss M. McPherson.

The organization embraces nursing sisters from Imperial or Canadian hospitals who were engaged in service either at home or overseas.

Those present were: Mrs. D. McDougall, Mrs. C. E. de Pencier (A. A. Thompson), Mrs. A. E. Thurbon (M. E. Word), Mrs. J. F. Morrison (C. M. Hood), Mrs. E. L. Petch (Little), Miss A. C. Starr, Miss M. Sheridan, Miss M. Kane, Miss E. A. Parker, Miss E. J. Wilson, Miss R. Dickie, Miss W. Simpson, Miss M. C. McGillvray, Miss M. Rinn, Mrs. A. H. Scott (Peyton), Mrs. Lawrie (P. Peyton), Mrs. Parker (Waughin), Mrs. G. Cooper (J. Smith), Mrs. L. D. Collen (R. D. Miller), Mrs. G. Chown (P. Mellen), Mrs. D. Moulden (M. F. Fearon), Mrs. F. A. Macneil (M. Sharp), Mrs. W. Thomas (M. Burns), Mrs. H. Mawhinnery (O. Mackintosh), Mrs. Powell, Miss O. M. Coat, Miss S. M. Gordon, Miss E. C. Letellier, Miss M. Dewar, Miss I. M. Barton, Miss M. W. Maccrae, Miss F. Lawford, Miss E. Hudson, Miss C. Maddin, Miss A. Stevenson, Mrs. W. Cowan (A. Marcotts), Miss A. E. Andrew, Miss M. Meehan, Miss T. O'Rourke, Miss M. B. Masterton, Miss T. A. E. Lloyd, Miss L. Bell, Miss R. Quinn, Miss E. Aitken, Miss

F. M. Ham, Mrs. R. C. Sanderson, Miss H. McColin, Miss S. J. Pollexfen, Miss A. W. Chafe, Miss M. Jephson, Miss I. Sharpe, Miss E. Gunn, Miss L. R. Aikman, Miss E. A. Bennett, Miss A. J. Altrill, Mrs. B. Hull, Mrs. A. D. McLeod, Miss B. M. McBride, Miss K. Montgomery, Miss A. McIntyre, Miss M. Hall, Miss E. Hall, Miss M. Houston, Miss E. M. Spratt, Miss M. Buchan, Miss E. M. Best, Miss J. Buchan.

The ex-nursing sisters may be interested in this extract from a letter from Miss Mary S. Fulton to Miss M. C. Macdonald:

"Seccondee, Gold Coast, British West Africa.—The work here is very interesting. We have a nice concrete hospital, exceptionally modern and convenient, considering it is a construction camp (Stewart & McDonnell, Seccondee, West Africa). Though malaria and typhoid fever, etc., keep us fairly busy, it might be worse. With best wishes to yourself and all members of the corps."

WORDS OF CHEER FOR EXPECTANT MOTHERS

With few exceptions, expectant mothers may be grouped into two classes: those who are over-anxious, and those who are indifferent.

The over-anxious mother, desirous of learning something about the wonders which nature is working within her body, eagerly listens to many curious and superstitious tales which well-meaning meddlers enjoy peddling. To her a knowledge of the physiology and hygiene of pregnancy will be a most welcome protection against the fears which are certain to follow these superstitious tales of the ignorant. When she learns that pregnancy is a natural process, which seldom is abnormal, there will be little cause for anxiety. In addition she will learn, to her relief, that the occasional conditions, which are so serious when neglected, almost invariably give sufficiently definite warning to permit their prevention.

The indifferent group includes those who fail to realize that pregnancy at times may become dangerous, as well as those whose faith in nature is so strong that they are unwilling to seek advice until a catastrophe threatens. They do not take advantage of the many measures that will protect their own bodies against injurious after-effects, and secure for them living and healthy children. The results of the prenatal supervision of expectant mothers have been so excellent that this indifferent group soon must disappear or be accused of negligence. After all, is not a mother negligent if, by her indifference, she denies to her child the right to be properly born? When the various agencies now engaged in maternity welfare work show the mothers in this group that they are negligent, they too will welcome a knowledge of the physiology and hygiene of pregnancy.—*The Health Builder.*

Hospitals and Nurses

QUEBEC

Royal Victoria Hospital, Montreal

Miss Helen Rogers (1921) has been appointed supervisor of the operating room, University of Alberta Hospital, Edmonton.

Miss V. H. Odell (1922) has accepted a position in the Colchester County Hospital, Truro, N. S.

Montreal General Hospital

Miss Lawrence (1923) has been taken on the staff of the Montreal Maternity Hospital as night superintendent, and Miss Hutt (1923) as night supervisor of the private wards.

Miss Evelyn Eugelke is doing child welfare work in Montreal.

Miss Bennett (1923) is engaged on the staff of Sweetsburg Hospital, Sweetsburg, Que.

Miss McKenzie (1923) has accepted a position at the Children's Hospital, Boston, Mass.

Invitations were issued by Miss Young and the students of the school for the annual dance, December 27th, when over three hundred were present.

Miss Marjorie McDonald (1922) holds a hospital position in New York City.

Misses Elizabeth O'Dell, B.A., Mabel Holt and Edith Linsay are taking McGill courses for graduate nurses. Miss O'Dell holds the "Mildred Forbes Hope Scholarship," while Miss Holt won that given by the Montreal General Hospital—the former in the instructor's course and the latter in hospital administration. This is the second year for Miss Linsay, finishing the course in public health and social service.

Western Hospital, Toronto

Miss Craig and staff were at home to the graduates and nurses-in-training during the tea hour at the Nurses' Residence on New Year's Day. The tables were prettily decorated in mauve and pink.

Miss Eleanor Fowles is taking charge of the children's ward during the absence of Miss Jacques, who is with her sister in Quebec, who is seriously ill.

Sherbrooke

Miss Phoebe Blake, R.N. (1919), has returned from Northern Rhodesia, South Africa, where she has spent the last year.

Miss Marion Grant (1922) has resigned her position as operating-room supervisor, and has been succeeded by Miss Roberta Sutton (1923).

Miss Bessie Banfill (1923) has been relieving Miss Gladys Martin, R.N., in the V.O.N. for some time.

The sympathy of the Alumnae Association has been sent to Misses Helen Todd (1920) and Agnes Brock (1910), who have both been seriously ill.

Christmas was celebrated at the hospital, with wards well decorated, and the nurses given a tree and a dance, which were both much enjoyed by them.

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ONTARIO

Hospital for Sick Children, Toronto

Miss Wilma Adam (Hospital for Sick Children, 1918) has taken the position of supervisor of the new Home for Nurses at the Riverside Isolation Hospital, Toronto.

Miss Marion Pigott (H.S.C., 1915) has accepted a position in the infants' ward of the Hospital for Sick Children.

Women's College Hospital, Toronto.

The Christmas festivities included a Christmas party for about fifty of the out-patients of the hospital, given by the Women's Auxiliary and the Runnymede Chapter of the I.O.D.E. A musical programme was also given. The nurses of the school for nursing and staff were given a tree and party by the directors of the hospital, when all spent a delightful evening.

The annual meeting of the Alumnae Association of the Women's College Hospital, Toronto, was held on November 30th. Miss Campbell, of the Victorian Order of Nurses, gave a very interesting talk on the work of that Order, after which refreshments were served and a very enjoyable evening spent.

Misses G. L. Ament, R.N. (1919), and G. Holden, R.N. (1921), both graduates of this school, now with the Zenana Bible and Medical Mission, have arrived in India after spending a year in preparatory work in England. Miss Ament has an appointment in the Children's Home, Nasik, and Miss Holden is at the Women's Hospital in the same city.

Miss M. McGregor (1922) and Miss Chan (1923) have completed a post-graduate course at the Children's Hospital of Michigan. In their final examinations the marks were 97 plus and 97. Both nurses have since received their "R.N." in the State of Michigan. Miss McGregor has accepted the position of supervisor at the Farmington Convalescent Home of the Children's Hospital of Michigan.

Miss Henry (1923) is taking a post-graduate course in children's tubercular work at the Queen Mary Hospital, Weston, Ontario, preparatory to going to a mission hospital, in Alberta, under the board of the Anglican Church.

Toronto Western Hospital

Miss Margaret Johnston (1921) has resigned as night superintendent, T. W. H., and Miss Grace Sutton (1920) will succeed her in that position on February 1st.

Misses Grace Ryde and Violet Bishop are in Akron, Ohio, filling institutional positions.

Misses A. Stillman, B. Johnston and Mrs. Leta Ward are spending the winter in Miami, Florida.

Victoria Hospital, London.

A "children's party," under the convenorship of Miss Della Foster, followed the business session of the December meeting of the V.H.N.A.A., held in the Nurses' Residence. Miss Dewar, assistant superintendent of nurses, together with Miss Malloch, president of the Alumnae Association, received the guests, who spent a delightful, merry evening.

Miss Jacobs has accepted the position of superintendent of nurses, Ontario Hospital, London.

The annual meeting was held in the Institute of Public Health, with Miss A. McKenzie presiding. Miss Malloch, president; Miss McKenzie, first vice-president, and Mrs. Walter Cummings, treasurer, were all re-elected, and Miss D. Foster elected as secretary.

St. Joseph's Hospital, Chatham

Miss Grace Norton leaves for Detroit, to accept a position with the Receiving Hospital.

The annual meeting of the Alumnae Association was held in the lecture-room of St. Joseph's Hospital, with a good attendance. After the routine business meeting was finished, Dr. Hall gave a paper on "Health," which was appreciated by the nurses. Miss Lunday gave a paper on "Ethics for Private Duty Nurses." After the meeting about twenty-five nurses enjoyed a banquet at the new Garner Hotel, and decided to make it an annual event.

Brantford

The Brantford General Hospital Alumnae Association held a very successful bazaar on December 6th in the Nurses' Home, the proceeds amounting to $298.00. Part of this sum is being sent to Miss Day, our missionary in India.

St. Joseph's Hospital, Hamilton

The dance given by the Alumnae Association on January 4th was very successful. The proceeds were given to the fund for furnishing the new Home for Nurses.

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MANITOBA

Winnipeg General Hospital

Misses D. K. Anderson (1918) and Gertrude McMullen (1920) have accepted positions on the staff of the W.G.H.

Miss Annie Mitchell (1914) has been appointed lady superintendent of the Brandon Mental Hospital.

Miss K. Van Allen (1920) has accepted a position on the staff of the V.O.N. in Winnipeg.

Brandon

Miss Christine Macleod, who has held the position of assistant superintendent of nurses at the Brandon General Hospital, has accepted the position of superintendent of nurses, succeeding Miss Persis Johnson, who recently married.

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BRITISH COLUMBIA

The general meeting of the Graduate Nurses' Association of British Columbia was held Saturday, January 19th. The afternoon meetings of the three committees, Public Health Nursing, Private Duty Nursing, and Nursing Education, were followed by the meeting of the Council.

The evening meeting, held in the Annex to the V.G.H., was well attended. Reports were heard from committees. One special feature of the report from the Public Health Nursing Committee was that arrangements have been made with the University of British Columbia whereby a "refresher course" will be held on April 23rd and following days.

The Private Nursing Committee enjoyed an interesting talk by Miss Dauphinee on "The Subnormal Child."

The Nursing Education Committee reported that the work of revising the curriculum and standards for accredited schools was completed and would be ready for the printer shortly. This report was adopted.

The registrar reported that seventy-eight students had successfully passed the examination for R.N. certificates. A most delightful lecture, with lantern slides, on "London by the Hour," was given by Mr. Francis Bursill (Felix Penne), and solo by Miss Scott, after which refreshments were served by the local association and Alumnae Association in the Nurses' Residence of the V.G.H.

EXAMINATION FOR REGISTERED NURSES' CERTIFICATES

Nurses who successfully passed the November, 1923, examinations for R. N. certificates are: Miss C. Louise Cook, V. G. H.; Miss Ruth White, Vernon Jubilee Hospital; Miss Katie Smith, Vernon Jubilee Hospital; Miss Bonnie Gill, V. G. H.; Miss Florence Fullerton, Victoria Jubilee Hospital; Miss Kathleen McDermott, Miss Gwen Inman, Miss Nellie Jones, Miss Ethel Birtwistle, Miss Norma Shafer, Miss Everilda Wilson, Miss Rose Jones, Miss L. Bawtinheimer, Miss Mary Young, Miss Marjorie Switzer, Miss Bess Baxter Stewart, Miss Beatrice Pearce, Miss E. E. Finland, Mrs. Mary MacKenzie, Miss Mary Neilson, Miss M. McDonald, Mrs. Olive Walmsley, Miss Mary Walsh, Miss Gladys Brown, Miss Marjory Black, Miss Bertha Gatenby, Miss Dorothea McBride, Miss Cora Burkitt, Miss K. Halladay, Miss Olive Cotsworth, Miss Olga Garrioch, Miss Ruby Blake, Miss Viola Cameron, Miss Nona Ferneau, Miss Phyllis Bellamy, Miss Lorna Miller, Miss Marjory Tupper, Miss R. Munday, Miss Blanche Harvie, Miss Etta Blake, Miss Leila McGinnis, Miss Mary Edgett, Miss Kathleen Pearson, Miss M. Fraser, Miss Helen Mutrie, Miss Jeanne Robbins, Miss Agnes Lee, Mrs. B. Ahrendt, Miss Anne Watson, Miss Helen Wheatherhead, Miss Margaret Muir, Miss Kathleen Fraser, Miss Mae Collins, Miss Lila Crane, Miss Gwen Lloyd, Miss Bertha Hamilton, Miss Phoebe McCrea, Miss Abigal Burns, Miss Raeford McNabb, Miss Florence Byatt, Miss Alice Thornloe, Miss Vera Madill, Miss A. C. McPhee, Miss Alice Gray, Miss Helen Craig, Miss Ella Bryden, Miss Vera M.

Reid, Miss L. Dickinson, Miss Helen Mollard, Miss Mary Burnell, Miss Eleanor Loveder, Sr. Anne de Sion, Miss Jean Estabrooks, Mrs. Jean Campbell, Miss Fosey Fraser, Miss Margaret Leckie, Miss Mary Giles.

VANCOUVER

The annual meeting of the Vancouver G.N.A. was held January 9th at the Girls' Corner Club, there being a good attendance. Interesting reports were received from the officers and convenors of committees on the work of the past year. , Miss A. McLellan, R.N., was again elected president, with Miss J. Johnston as secretary.

The following resolutions were passed at the meeting:

"We, the V.G.N.A., resolve that a recommendation be sent to the Chairman of the Health Committee of the City Council, asking that vacancies arising in public health positions be filled by those having had a university course in public health work, or its equivalent, and that applications for same be called for publicly."

"Whereas we, the graduate nurses of Vancouver, have provided funds for the equipment for supervised play at the Creche, be it resolved that we petition Rev. Mr. Ireland to secure a trained worker for part-time service to give the necessary instruction to the children at the Creche."

VANCOUVER GENERAL HOSPITAL

The annual meeting of the Alumnae Association of the Vancouver General Hospital was held January 8th at the Nurses' Residence. The number of members present, as well as the attendance record of the past year, shows the growing interest in the business and social affairs of the association. The president reported a very progressive year. One of the main features was the reunion of V.G.H. nurses, which was most successful, bringing, as it did, nurses from every class to these meetings, renewing the fellowship with one another and stimulating interest in the training school.

The report from the secretary-treasurer was gratifying indeed, as it shows a fair balance with which to begin the new year. The financial statement showed total receipts for the year 1923, $982.69; total expenditure, $646.12. Balance on hand, $336.57, of which $233.34 belongs to the sick benefit fund, which is growing in interest, and which the members hope to grow beyond all expectations in the next few years. Miss Mary McLane was re-elected president, and Mrs. R. Stevens secretary-treasurer. The routine business being finished, the Social Committee having arranged a splendid programme, the nurses specially enjoying the portrayal of the uniforms of the school since its start in 1901 to the present day. Representatives of each class, in the uniform of her year, told of the school and hospital conditions and advancement of that year, 1901, with a hospital of 50 beds and ten pupils to 900 beds in 1923 and 280 students with 75 in the 1924 class. Refreshments were served after the adjournment of the meeting.

The Alumnae feels confident of further progress under the continued leadership of the president, Miss M. McLane, and her efficient secretary-treasurer, Mrs. R. Stevens.

VICTORIA

The regular monthly meeting of the G.N.A., which was a social evening, had as its guest of honor Miss Jessie Mackenzie, R.N., who has just returned to duty, after a leave of absence of four months owing to ill-health.

Miss Katharine Smith, R.N., who has been assistant superintendent of nurses at the Royal Jubilee Hospital for several years, resigned recently on account of ill-health.

Miss Emily L. Jones, till recently in charge of the Tubercular Pavilion, Royal Jubilee Hospital, has accepted the position of assistant superintendent of nurses.

NEW WESTMINSTER

Miss K. Halliday (1923) and Miss Bawtinheimer (1923), graduates of the Royal Columbian Hospital, have accepted positions in the General Hospital, Mission.

At the January meeting of the New Westminster G.N.A., which was held at the Royal Columbian Hospital, Dr. G. S. Purvis gave an illustrated lecture on "Egypt."

BIRTHS

Bartlett—At the Sherbrooke Hospital, Que., November 30th, 1923, to Mr. and Mrs. Charles K. Bartlett (Harriett Jowett, Sherbrooke Hospital, 1912), a son.

Bermack—At Winnipeg, October 15th, 1923, to Dr. and Mrs. J. C. Bermack (Fred, Winnipeg General Hospital, 1921), a son.

Campbell—At the Sherbrooke Hospital, Sherbrooke, Que., to Mr. and Mrs. Colin Campbell (Ann Murray, Sherbrooke Hospital, 1915), on May 26th, 1923, a son.

Davidson—At Canwood, Sask., December 23rd, 1923, to Mr. and Mrs. Davidson (Florence Kirkpatrick, Regina General Hospital, 1921), a son, Kenneth Claire.

Ellis—At Winnipeg, November 20th, 1923, to Mr. and Mrs. Wm. Ellis (Pirt, Winnipeg General Hospital, 1920), a son.

Ferguson—In November, 1923, to Mr. and Mrs. Ferguson (Suiton, Montreal General Hospital, 1918), a daughter.

Langford—At the Cottage Hospital, Toronto, December 13th, 1923, to Mr. and Mrs. L. Langford (Marion Starr, Hospital for Sick Children, 1917), a daughter.

Leggo—At the Montreal Maternity Hospital, November 5th, 1923, to Mr. and Mrs. Leggo (Marjorie Moody, Montreal General Hospital, 1919), a daughter.

Merson—At Wellesley Hospital, Toronto, August, 1923, to Mr. and Mrs. Merson (Laing, Montreal General Hospital, 1919), a daughter.

Morton—At the Montreal Maternity Hospital, October 21st, 1923, to Mr. and Mrs. Morton (Annie Harris, Montreal General Hospital, 1919), a son.

McKay—At the Sherbrooke Hospital, Quebec, September 3rd, 1923, to Mr. and Mrs. Gordon McKay (Ruby Jackson, Sherbrooke Hospital, 1920), a son.

Robertson—At the Montreal Maternity Hospital, December 27th, 1923, to Mr. and Mrs. Philip Robertson (Florence Lockhart, Royal Victoria Hospital, 1919), a daughter.

Scott—At the Montreal Maternity Hospital, October 4th, 1923, to Mr. and Mrs. Scott (Lillian Stewart, Montreal General Hospital, 1917), a son.

Shields—To Mr. and Mrs. Shields (Pickering, Winnipeg General Hospital, 1919), November 30th, 1923, a daughter.

Telford—At the Montreal Maternity Hospital, October 20th, 1923, to Mr. and Mrs. Wallace Telford (Elise Lomer, Montreal General Hospital, 1919), a daughter.

MARRIAGES

Chatfield-Hodges—At Hatley, Que., August 15th, 1923, Nora Hodges (Sherbrooke Hospital, 1923) to Ernest Chatfield.

Darrach-Johnson—At Brandon, Man., November 10th, 1923, S. Persis Johnson, R.R.C. (Brandon General Hospital, 1913), and C.A.M.C., N.S.), to Mr. Robert Darrach. They reside in Brandon.

Davis-Jones—In December, 1923, Jean Jones (Toronto Western Hospital) to Mr. Milton H. Davis, of Miami, Florida. They reside in Cocoa, Florida.

Dempsey-Ard—At Winnipeg, Man., December, 1923, Margaret Ard (Winnipeg General Hospital, 1921) to Mr. Clifton Dempsey.

Duffy-McLeod—At Gould, Que., October 17th, 1923, Annie J. McLeod (Sherbrooke Hospital, 1921) to William Duffy, of Gould, Que.

Gillan-Taylor—In Hamilton, Ont., December 25th, 1923, at the Church of the Ascension, by the Rev. Dr. Renison, Margery D., daughter of Mr. and Mrs. E. J. Taylor, Kingston, Ont., to F. H. Gillan, M.A.

Glassco-Egan—At St. Joseph's Church, Pomona, Cal., by the Rev. Father Sheehy, Margaret Ada Egan (St. Joseph's Hospital, Hamilton, Ont., 1916) to Lawrence Hartley Glassco, of Hamilton, Ont.

Hart-McRae—At Hantsport, N. S., Jan. 3rd, 1924, Annie Wyman Hart (Royal Victoria Hospital, Montreal, 1922) to Major William G. McRae.

Irwin-Willis—At Stirton, Ont., by the Rev. W. A. Wescott, B.A., assisted by Rev. G. L. Stevenson, B.A., Mary Agnes Willis to Rev. J. A. Irwin, Hearst, Ont.

Jess-Wright—At Regina, Sask., October 20th, 1923, Violet Wright (Winnipeg General Hospital, 1919) to Mr. John Less, of Victoria, B. C.

Kirby-McDougall—At Regina, Sask., October 22nd, 1923, Gertrude McDougall (Winnipeg General Hospital, 1922) to Mr. Earl Kirby.

Kirkness-Hodson—On September 23rd, 1923, Miss Hodson (Toronto Western Hospital, 1921) to Mr. David Kirkness, of Toronto.

Lyster-McCallum—At Danville, Que., September 19th, 1923, Irene McCallum (Sherbrooke Hospital, 1923) to Edward Lyster, of Sherbrooke, Que.

Mitchell-White—At the Congregational Church, Waterville, P.Q., September 25th, 1923, Isabel W. White (Sherbrooke Hospital, 1922) to Malcolm W. Mitchell, of Sherbrooke, Que.

McRae-Wall—At Departure Bay, B. C., December 29th, 1923, Rose Wall, R.N. (Montreal General Hospital), daughter of Mr. W. H. Wall, of Nanaimo, B. C., to Mr. Alexander McRae, of Prince Rupert, B. C. Mr. and Mrs. McRae will reside at Prince Rupert.

Pickard-Lewis—At Boston, Mass., December, 1923, Mary Alice Pickard (Royal Victoria Hospital, Montreal, 1922) to Charles Lewis, Esq.

Tuxen-Glen—At Brooklyn, N. Y., January 5th, 1924, Muriel Edythe Glen (St. Luke's Hospital, Ottawa) to Mr. Paul Glen. They will reside at Freeport, Long Island, N. Y.

Upham-Jamieson—In Vancouver, B. C., Eva Jamieson (Montreal General Hospital, 1920) to Dr. Upham. Dr. and Mrs. Upham are residing in Vancouver, B. C.

Wingrove-Smith—At Richmond, Que., May 19th, 1923, Blanche Smith (Sherbrooke Hospital, 1922) to George Wingrove, of Sherbrooke, Que.

Wilson-O'Byrne—In Regina, Sask., December 18th, 1923, at the Holy Rosary Cathedral, Rose M. O. O'Byrne (Regina General Hospital, 1917) to Mr. Thos. H. Wilson, Vanguard, Sask.

Waters-Patterson—At Port Hurin, November 19th, 1923, Marie Ruth Waters (St. Joseph's Hospital, Chatham, 1916) to Robert Patterson, of Ingersoll, Ont.

DEATHS

Bate—Recently, in China, of heart disease, Vivian Bate (Vancouver General Hospital, 1914), daughter of Thomas E. Bate, Esq., of Point Grey, and grand-daughter of Mr. Mark Bate, of Nanaimo, B. C.

Burwash—At Arnprior, Ont., December 15th, 1923, Dorothy Burwash (Hospital for Sick Children, class 1913). Since graduation Miss Burwash had held various positions in the hospital, until increasing ill-health obliged her, in 1920, to give up nursing. Her efficiency, tact and kindness won the respect and love of all who came in contact with her. Her death, after a long illness, is deeply regretted by all who knew her.

Cameron—At Laurel Beach Sanitarium, Seattle, Wash., December 2nd, 1923, Christine Cameron (Vancouver General Hospital, 1922).

Fleming—At Lashburn Hospital, Sask., October 19th, 1923, Miss Hattie Fleming (Winnipeg General Hospital, 1922), after a week's illness.

Gush—At Long Beach, California, December 8th, 1923, of pneumonia, Marion Gush (Royal Victoria Hospital, Montreal, 1920).

MacKay—On December 20th, 1923, Martha Elizabeth, beloved sister of J. B. MacKay and Mrs. E. J. Williams, of Montreal, and daughter of the late John MacKay, of St. Thomas, Ont. Miss MacKay was a graduate of the Montreal General Hospital, class 1897.

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Results in an unusual prize-winning contest have been announced here. In connection with local child welfare work, Miss Alford, the community nurse, instituted some time ago a weight-gaining contest in the junior grades of the Coburg public and separate schools, the object of which was to benefit the undernourished child by proper supervision of its food. The benefit from drinking much milk was emphasized. The winners of two of the prizes in the kindergarten gained, respectively, 7¾ pounds and 5½ pounds, and two first reader pupils gained 5 pounds each. This was in the public school. With separate school pupils there were similar results. There was a poster competition also for the best health posters, in which the pupils of the schools competed with success and interest.

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A nominal Registration Fee of one dollar is the only expense in connection with the course.

Further information may be obtained from Miss E. Johns, Department of Nursing, University of British Columbia, Vancouver.

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Regular Meeting—Second Tuesday of each month, at 8 p.m., in the Nurses' Residence.

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Refreshment Committee—Misses Lenfesty and Mackenzie.

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Representatives to Local Council of Women—Miss Hall, Miss Bryce.

Sick Visiting Committee—Convenor, Mrs. M. J. Bremner, 225 Pine Avenue, West (Uptown 3861).

Regular Meeting—Second Wednesday at 8 p.m.

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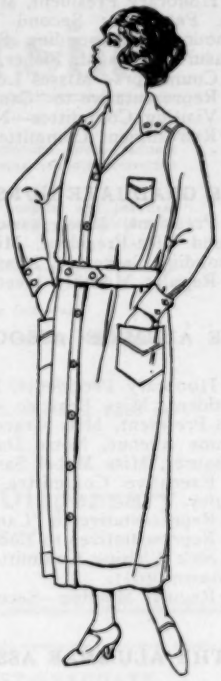

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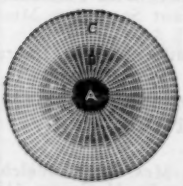

Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

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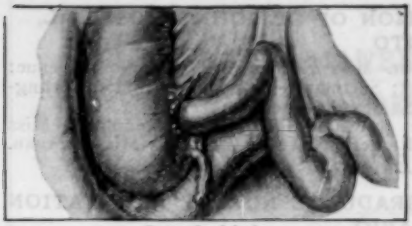

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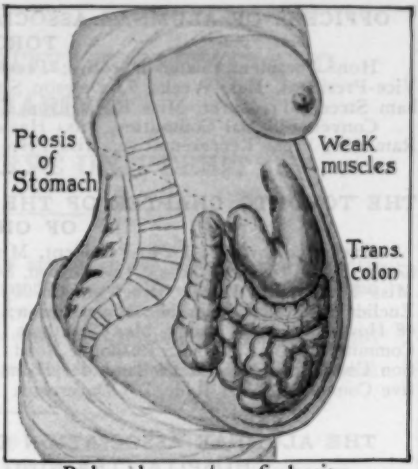

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Monthly Meeting—Third Wednesday, at St. Joseph's Assembly Hall.

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Honorary President, Miss A. M. Munn; President, Miss A. Keeler; First Vice-President, Miss M. Derby; Second Vice-President, Miss L. Culbert; Secretary-Treasurer, Miss E. Hall.

Convenor of Social Committee—Miss M. Bullard.

Representative to "Canadian Nurse" Magazine—Miss E. Hall, Stratford General Hospital.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Mrs. J. E. Swancar; President, Miss A. Moore; 1st Vice-President, Miss J. Anderson; 2nd Vice-President, Miss M. Tolton; Treasurer, Mrs. A. Anderson; Secretary, Miss E. M. Eby; Correspondent for "Canadian Nurse", Miss H. Young; Flower Committee, Miss B. Richardson (Convenor), Miss Ferguson and Mrs. Galbraith.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONTARIO.

Hon. President, Mrs. Little; President, Miss Ella Hawkins, R. N., 15 Pauline Ave., Toronto; Vice-President, Mrs. Davidson, R. N.; Recording Secretary, Miss Ida Young, R. N.; Corresponding Secretary, Miss Evelyn Osborne, R. N., 1725 Dufferin St., Toronto; Treasurer, Miss Bertha Brittinger, R. N., 1725 Dufferin St., Toronto; Press Representative, Miss Jean Campbell, R. N., 72 Hendricks Ave., Toronto, Ont.

THE KITCHENER AND WATERLOO GRADUATE NURSES' ASSOCIATION.

President, Miss Winterhalt; First Vice-President, Miss Carter; Second Vice-President, Miss Orr; Secretary, Miss Elsie Masters, 13 Chapel Street, Kitchener; Treaurer, Mrs. Wm. Knell, 126 Breithaupt Street, Kitchener.

"Canadian Nurse" Representative—Miss L. McTague, K. & W. Hospital, Kitchener, Ont.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. H. M. Lockner; Vice-President, Miss Marre Wunder; Secretary, Miss George DeBus; Treasurer, Miss Maude Carter, 5 Holm Apartments, Kitchener, Ont.

Represantive to "Canadian Nurse"—Miss Ada L. Weseloh.

Regular Meetings—Second Thursday of each Month.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON

President, Miss E. Moran, Holden Apartments, Barton Street, East; Vice-President, Miss Kelly, 250 Hughson Street, North; Recording Secretary, Miss Carrol, 774 King Street, East; Treasurer, Miss Campbell, 33 Bay Street, South.

Representative to "Canadian Nurse"—Miss Fagan, 49 Spadina Avenue.

Representatives to Local Council of Women—Miss Nally, 213 Cannon Street, East; Miss Egan, Alexander Apartments, King Street, East.

Sick Committee—Miss Brunning, 168 Walnut Street; Miss Weishar, 55 Catharine Street, South.

Representative to Central Registrar—Miss Murray, 21 Gladstone Avenue.

Executive Committee—Miss Boyes, 17 East Avenue, South; Miss Grant, Alexander Apartments, King Street, East; Miss Blatz, 179 Charlton Avenue, East; Miss Cartmell, 179 Charlton Avenue, East; Miss Himmen, 168 Walnut Street, South.

Corresponding Secretary—Miss Bedford, 2 Holden Apartments, Barton Street, East.

Private Duty Nurse Representative—Miss Murray, 21 Gladstone Avenue.

HAMILTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss H. R. Macdonald, 38 Herkimer Street, Hamilton; Vice-President, Miss Grace Fairley, Hamilton General Hospital; Secretary, Miss Service, 25 Arthur Avenue, Hamilton; Treasurer, Miss Betty Aitken, 549 Main Street, East, Hamilton.

Executive Committee—Miss Hulme, 164 Bay Street, South; Miss Carroll, 774 King Street, East; Miss McPherson, Hamilton General Hospital.

Representatives to the Local Council of Women—Misses Laidlaw and McPherson.

ALUMNAE ASSOCIATION OF THE OWEN SOUND GENERAL AND MARINE HOSPITAL

Honorary President, Miss J. K. McArthur; President, Miss Olga Stewart; First Vice-President, Miss E. Webster; Second Vice-President, Miss A. Sitzer; Secretary-Treasurer, Miss Edna Johnson, P. and M. Hospital, Owen Sound; Assistant Secretary-Treasurer, Miss E. Woodford.

Flower and Sick-Visiting Committee—Miss A. Wallace, convenor.

Programme Committee—Miss McArthur, convenor; Miss Herron, Mrs. Dudgeon.

Convenor Press Committee—Mrs. D. Findlay.

THE ALUMNAE ASSOCIATION OF THE HAMILTON GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss Grace Fairley, Hamilton General Hospital; President, Miss Minnie Pegg, 80 Grant Avenue; Vice-President, Miss Isabelle McIntosh, 353 Bay Street, South; Secretary, Miss Nora McPherson, Hamilton General Hospital; Treasurer, Miss Fish, Hamilton General Hospital; Corresponding Secretary, Miss Godden, Hamilton General Hospital.

"Canadian Nurse" Correspondent—Miss R. Burnett, 33 Spadina Avenue.

Executive Committee—Miss Mary Kennedy, 597½ King Street, East; Miss C. Waller, 597½ King Street, East; Miss A. Kerr, 83 Grant Avenue; Miss C. Kerr, 83 Grant Avenue; Miss Blanche Binkley, 30 Ontario Avenue.

Representatives to National Council of Women—Miss E. Taylor, 35 West Avenue, South; Miss Burnett, Miss B. Aitken.

Representatives to Central Registry—Miss A. Kerr, Miss Binkley, Miss Waller, and Miss Elsie Maine.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Miss R. Burnett, Miss Ainslie, and Miss Kate Peart.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL

Honorary President, Miss M. Forde, Superintendent Brantford General Hospital; President, Miss Hope Dieringer, 67 Sheridan Street; Vice-President, Miss W. D. Wiley, 164 Park Avenue; Secretary, Miss J. E. Martin, 154 Rawdon Street; Assistant Secretary, Miss E. McKay, 121 Market Street; Treasurer, Miss F. Westbrook, 367 Park Avenue.

Gift Committee—Misses S. Livett and C. McMasters.

Social Convenor—Mrs. Caton, 124 Rawdon Street.

Flower Committee—Misses C. Kelly and McKee.

Press Representative—Miss A. Hough.

"Canadian Nurse" Representative—Miss C. B. Good, R.R. No. 4, Paris, Ont.

Meetings held at the Nurses' Residence, first Tuesday.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Honorary President, Miss L. Uren, C. and M. Hospital, St. Catharines; President, Mrs. Parnell, 124 Lake Street, St. Catharines, Ont.; Vice-President, Miss Marriott, Berryman Avenue; Secretary, Miss E. Rawlings, G. and M. Hospital; Treasurer, Mrs. W. Durham, R.R. No. 4; Auditors, Miss A. Calvin and Miss F. L. Cowley.

"Canadian Nurse" Magazine Representative—Miss E. M. Armbrust.

Programme Committee—Misses A. Moyer, M. Stevens, F. Cowley, A. Calvin, B. Kennedy, and Mrs. Leo Brett.

Regular Meeting—Last Tuesday, 2.30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

Hon. President, Miss L. Weldon; Hon. Vice-President, Miss L. Armstrong; President, Miss L. Crane; Vice-President, Miss Y. Birt; Secretary, Miss L. Parker; Treasurer, Mrs. R. W. Stevenson.

Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

SARNIA GENERAL HOSPITAL ALUMNAE

Hon. President, Miss K. Scott, Superintendent S.G.H.; President, Miss M. Lee; Secretary, Mrs. H. Shanks, London Road, Sarnia; Treasurer, Miss Noble; Correspondent for "Canadian Nurse," Miss J. B. Taylor, R.R. No. 2, Camlachie, Ont.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONTARIO

Honorary President, Sister M. Baptist; Honorary Director, Sister M. Paschal; President, Miss Hazel Gray; Vice-President, Miss F. Richardson; Secretary, Miss U. Gormly, Wal'aceburg, Ont.; Treasurer, Miss Delorme, Chatham.

Representative to "Canadian Nurse" Magazine—Miss Anna Curry.

Sick-Visiting Committee—Mrs. Patterson, Misses McIlgargey and E. Mann.

Regular Meeting—First Monday of each month.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

Honorary President, Mrs. J. W. Cook, Fort William, Ont.; President, Mrs. W. McClure, Fort William, Ont.; First Vice President, Miss Irene Holmes, Port Arthur, Ont.; Second Vice-President, Mrs. M. Wark, Port Arthur, Ont.; Third Vice-President, Mrs. S. Hancock, Fort William, Ont.; Treasurer, Miss T. Gerry, Fort William, Ont.; Recording Secretary, Miss Marjorie Strawson, Port Arthur, Ont.; Corresponding Secretary, Mrs. W. J. Stirrett, Port Arthur, Ont.

Convenor of Sick Visiting Committee—Mrs. O'Leary, Port Arthur, Ont.

Convenor of Social Committee—Miss Sara MacDougall, Port Arthur, Ont.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss Gladys Mill, R.N.; Vice-President, Miss Winnifred Higgins, R.N.; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill, R.N.; Corresponding Secretary, Miss Gladys Jefferson, R.N.; Treasurer, Miss Evelyn Pears, R.N.

Regular Monthly Meeting—Second Monday, 8 p.m.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Rev. Sister M. Dorothea; President, Miss M. Delaney; First Vice-President, Mrs. J. O. Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss Mae Marshall, General Hospital, Sault Ste. Marie, Ontario.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

Honorary President, Rev. Sister Gallant, St. Boniface Hospital; President, Miss Stella Gordon, 251 Stradbrook Avenue, Winnipeg; First Vice-President, Miss Kate Wymbs, King George Hospital; Second Vice-President, Mrs. George McDonald, No. 1 Vaughan Street; Secretary, Miss A. Racine, 34 Valado Street; Treasurer, Miss Theresa O'Rourke, 119 Donald Street.

Convenor of Social Committee—Miss Chafe.

Convenor of Sick Visiting Committee—Miss G. Comartin.

Representative to "Canadian Nurse"—Miss Theresa Fitzpatrick, 753 Wolseley Ave.

Representative to Registrar—Miss A. Starr, 753 Wolseley Avenue.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Wilson, 798 Grosvenor Ave. (F. 6502); First Vice-President, Miss Johnstone, Superintendent of Nurses, Brandon General Hospital; Second Vice-President, Miss Martin, Superintendent of Nurses, Winnipeg General Hospital (N. 7681); Third Vice-President, Sister Gallant, Superintendent of Nurses, St. Boniface Hospital (N. 1121); Recording Secretary, Miss Carruthers, Nurses' Residence, Wolesley Ave. (B. 620); Corresponding Secretary, Miss Gordon, 251 Stradbrooke (F. 6339); Treasurer, Miss Wilkins, Bureau of Child Welfare.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Hon. President, Miss Birtles, Alexander, Man.; President, Mrs. Pearce, 1608 Lorne Ave., Brandon; Vice-President, Mrs. Barager, Mental Hospital; Secretary, Miss Finlayson, Brandon General Hospital; Treasurer, Miss Cannon.

Convener of Registry and Eligibility—Miss C. McLeod.

Sick Visitor—Miss Kid, 12th St., Brandon.

Press Representative—Mrs. W. W. Kid, Suite 14 Imperial Apts., Brandon.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

Honorary Advisory President, Mrs. Harwood, 430 Athabaska W.; Honorary President, Mrs. Humber, 662 Stadacona W.; President, Miss H. Riddell, 813 Second N.E.; 1st Vice-President, Miss Eisele, Superintendent General Hospital; 2nd Vice-President, Miss Shepherd, York Hospital; Secretary-Treasurer, Miss C. M. Kier, Y.W.C.A.; Press Representative, Mrs. Lydiard, 329 Third N.E.; Social Service Committee, Mrs. Hedley, 1155 Grafton; Convenor Finance Committee, Miss Lind, 176 Hochelaga W.; Convenor Educational Committee, Mrs. Metcalf, 37 Hochelaga W.; Convenor Social Committee, Miss Clarke, General Hospital; Convenor Registration Committee, Miss L. Wilson, 1159 Alder Avenue; Convenor of Constitution and By-laws Committee, Miss Hunter, Cottage Hospital.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

Councillors—Miss M. Montgomery, Sanitarium, Fort Qu'Appelle; Mrs. Feeney, School Hygiene Staff, Yorkton.

THE EDMONTON GRADUATE NURSES' ASSOCIATION

President, Miss Brightly; First Vice-President, Miss Olive Ross; Second Vice-President, —— ——; Secretary, Mrs. Bonneau, 10224—107th Street, Edmonton; Treasurer and Registrar, Mrs. J. Lee, 9928—108th Street.

Convenor of Sick and Flower Committee—Miss E. McRae.

Convenor of Social and Programme Committee—Miss B. McGillivray.

Representative to "Canadian Nurse"—Mrs. M. A. Boyce, 9528—106th Street.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss E. M. Auger, General Hospital; First Vice-President, Mrs. John Hill, 268—8th St., S.E.; Second Vice-President, Mrs. F. W. Gershaw, 826—2nd St., S.E.; Treasurer, Miss A. L. MacPherson, General Hospital; Secretary, Miss E. G. McNally, General Hospital.

Executive Committee—Mrs. H. C. Dixon, 816—2nd St., S.E.; Mrs. R. Hayward, 241—3rd St., S.E.; Miss A. Nash, Isolation Hospital.

Flower Committee—Mrs. C. A. Anderson, 335—1st St., S.E.

"Canadian Nurse" Correspondent—Miss M. Davidson, 27—4th St., S.W.

"Canadian Nurse" Representatives—Mrs. R. Hayward, 241—3rd St., S.E.; Miss E. G. McNally, General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

Honorary President, Mrs. Stuart Brown, 2417—14th Ave., W.; President, Mrs. A. H. Calder, 510—10th St., W.; First Vice-President, Miss Dewar, 326—18th Ave., W.; Second Vice-President, Miss Willison; Recording Secretary, Miss Fraser; Corresponding Secretary, Miss Olin, 2012—2nd St., W.; Treasurer, Miss N. B. D. Hendrie, 1314—4th St., W.; Registrar, Miss M. E. Cooper, 1412—1st St., W.

Delegates to L.C.W.—Mrs. R. P. Stuart, Miss Agnes Kelly, and Miss Dewar.

Sick Committee—Misses Ashe and Ballard.

Finance Committee—Misses Agnes Kelly and Maclear.

Books Committee—Misses Quance and McLear.

Entertainment Committee—Miss Cooper.

Committee for "Canadian Nurse" Magazine Subscriptions—Misses Cooper and Phillips.